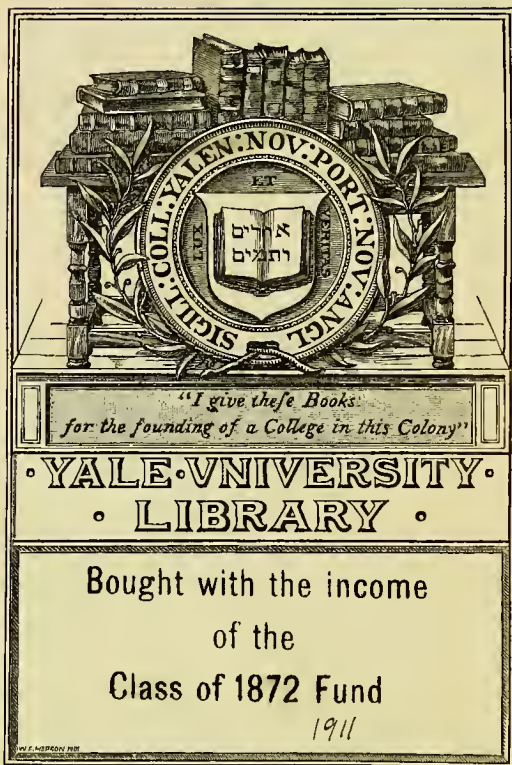


NATIONAL HEALTH MANUALS

CHILDHOOD

EDITED BY

T. N. KELYNACK, M.D.



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CHILDHOOD

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EDITED BY

T. N. KELYNACK, M.D.

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PREFACE

THE NATIONAL HEALTH MANUALS, of which this is the second, have been designed for those interested or engaged in social service. Their aim is to provide in concise language and compact form essential facts, and to indicate in simple, non-technical words governing principles, a knowledge of which afford the only reliable guidance to reasonable thought and rational conduct in the preservation of health and the prevention of disease.

Each volume deals with a more or less special aspect of personal, domestic, or national well-being. In order to provide the most trustworthy and helpful treatment of the subjects presented, the preparation of each chapter has been allocated to a well-known medical expert.

It is believed that both in arrangement and in matter these manuals will be of practical assistance to those engaged in efforts for human betterment. It is hoped that they will be used in connexion with social service organizations, guilds of help, reading and study circles, as well as read by individual workers. In order that information and guidance may be provided for those

PREFACE

desirous of more extensive investigation of the subjects referred to, there have been added in appendices select bibliographies of works useful for reference and study.

We are still in the experimental stage in regard to most matters relating to so-called social reforms, and there is a danger that in our eagerness and enthusiasm to initiate and conduct new movements, which are intended to make for individual improvement and national welfare, we may be led into serious errors or be guilty of deficiencies and extravagances which will inevitably hinder progress. Social advance must be based upon and governed by scientific principles. To indicate and to explain these is the main purpose of these manuals.

The present volume deals with Childhood. The special problems connected with School Life and Youth will be dealt with in the next two volumes.

Each writer has been granted a free hand in dealing with his or her particular subject, and is, of course, responsible only for the chapter contributed. As far as possible, overlapping and repetition have been avoided, and when this aim has apparently not been realized, it will usually be found that the point of view or the practical outcome is different.

To all who have so generously co-operated in the production of this volume grateful thanks are due.

T. N. KELYNACK.

139 HARLEY STREET,
LONDON, W.

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I

CHILDHOOD:
AN INTRODUCTION

THE EDITOR

B

I

It is not the will of your Father which is in heaven that one of these little ones should perish.

JESUS CHRIST.

But the children began to be sorely weary ; and they cried out unto Him that loveth pilgrims to make the way more comfortable.

JOHN BUNYAN.

The Great Kingdom of Heaven has a low and narrow door that only little children can enter, and we must become little children again and drop all our bundles if we would go through.

R. H. BENSON.

There is nothing in all this world so worthy of love and service as childhood.

G. STANLEY HALL.

Not by the driving-wheels and smoking furnaces of a later time, and not by the congestion and municipal chaos of our critic's reports, shall the city be known at last, but by the strength and beauty of her children.

BEULAH KENNARD.

And the streets of the city shall be full of boys and girls playing.

ZECHARIAH.

I

CHILDHOOD : AN INTRODUCTION

ALTHOUGH children have been with us from the dawn of days, we have been unmindful of them. All through the ages the call of the child has been unheard or unheeded. Ignorance, prejudice, greed, and apathy have held childhood in bondage. At last, however, it would seem as though the child were coming into its kingdom. The scientific study of children is less than a generation old. We are still experimenting in educational methods. Measures for the protection of life's beginnings are yet in their initial stages. The care and control of childhood should be the most paramount of duties. The child is now often spoken of as the most valuable asset of the State, and such in truth is the case. But means for safeguarding and developing this national possession are all too inadequate.

Parental love, domestic affection, neighbourly interest, and a measure of communal care have been manifested towards children by both savage and civilized peoples. But, generally speaking, the world of childhood has been an undiscovered or at least an unexplored land. The child is a new discovery. Realizing at last the wealth, power, and requirements of this long-neglected treasury, minds and hearts everywhere are awakening to a realization of opportunities and responsibilities, and in

CHILDHOOD: AN INTRODUCTION

all sections of society eagerness is being manifested to understand and serve the child.

Many and varied are the investigations which are being carried on with a view to the discovery of principles which shall guide and govern action for the welfare of children. Studies relating to normal and morbid conditions of mind and body have thrown much fresh light on the rational management of children in health and disease. The Psychology of Child Life is providing invaluable material for the educationalist. The Physiology of Childhood is revealing something of the working of forces which may make or mar the unfolding life. The Pathology of the Child is affording knowledge regarding all forms of defectiveness. Sociology is explaining the place and rôle of the child, the relationship and responsibilities of society in regard to children. Eugenics would have us take thought even for the unborn. In all fields of thought and action the child is having a foremost place.

But amidst all this active exploration and often immature explanation of the child and the ways and wants of childhood, there is a regrettable lack of co-operation among workers and deficiency of co-ordination in interpretation of data and application of knowledge. The coming citizen must be studied and cared for as a unit, and dealt with as a living whole in order that development of the fullest powers may be complete and properly proportioned. The individual must in all respects be fitted for life's highest and noblest purposes. Only thus can service be dedicated to the general weal.

II

THE GROWTH
OF CHILDREN

GEORGE FREDERIC STILL,
M.A., M.D., F.R.C.P.

*Professor of Diseases of Children,
King's College, London*

The individual climbs up its own genealogical tree.

MILNES MARSHALL.

All growth that is not towards God is growing to decay.

GEORGE MACDONALD.

Our prayers should be for a sound mind in a healthy body.

JUVENAL.

Every character is the joint product of nature and nurture.

PRESIDENT GARFIELD.

A happy childhood is one of the best gifts that parents have it in their power to bestow.

MARY CHOLMONDELEY.

If you make children happy now, you will make them happy twenty years hence by the memory of it.

SYDNEY SMITH.

Blessed be childhood for the good it does by simply making us love it and letting itself be loved.

AMIEL.

II

THE GROWTH OF CHILDREN¹

GROWTH is the most conspicuous characteristic of child-life. Infancy and childhood are pre-eminently the periods of rapid mental and bodily development. To provide proper conditions for the uninterrupted and progressive advancement of the new life, and to secure early recognition of departures from the normal, a knowledge of the fundamental facts and figures of growth is essential. Without a working standard it is impossible to provide adequately for a rational management of the most important period in human life.² It must, however, be remembered that standards of development represent averages only. There are wide variations in health as well as in disease.

¹ Much of this chapter has been condensed from *The Diseases of Children*, by Drs. J. F. GOODHART and G. F. STILL, ninth edition (London: J. & A. Churchill. 1910), and the writer's *Common Disorders and Diseases of Childhood* (London: Henry Frowde and Hodder & Stoughton. 1909); and the Editor has rendered assistance in its preparation.—G. F. S.

² For particulars regarding the structure and functions of the child during the period of infancy, see PROF. J. B. HELLIER's chapter, 'The Anatomy and Physiology of the Infant,' in Vol. I. of this series, on *Infancy*.—EDITOR.

THE GROWTH OF CHILDREN

STANDARDS OF GROWTH

There are a few easily ascertained points which serve as reliable guides to the development of a child.

Weight.—This is a particularly reliable index of the health of a child ; a record should be kept of all children. In the case of nutritional ailments and other disorders, it affords a helpful means of detecting early departures from health. A child should gain about 4 lb. a year between the end of the second year and the age of seven years ; and 6 lb. a year from the age of seven years to the age of thirteen years. Trivial disturbances often interfere with the proper progress in weight—constipation, for instance, is a common cause. During the cutting of a tooth, failure to gain weight is frequently observed. The same thing is noticed during the incubation and course of infectious diseases. Improper or imperfectly prepared or insufficient food may account for slow development. In all schools and institutions for children regular weighing will be of much directing value.

Height.—The rate of growth in length affords guidance of importance. Growth is most rapid during the first five years of life. At the end of the first year a child should be 27 inches ; and during each subsequent year up to five years there should be a gain of $3\frac{1}{2}$ inches ; and each subsequent year a gain of 2 inches up to the age of fifteen years, when growth becomes much less rapid. By the end of the fifth year a child should have doubled his original length.

Size of Head.—This is often a guide in connexion with mental deficiency, and where the possibility of hydrocephalus is in question, and where the child has

THE GROWTH OF CHILDREN

been the subject of rickets in early life. It is best to record the largest circumference which can be obtained.

Table indicating maximum circumference of the child's head at various ages.

| Age. | Circumference in inches. | Age. | Circumference in inches. |
|----------------|-----------------------------|-----------------|-----------------------------|
| Birth . . . | 13 | 12 months . . . | 18 |
| 3 months . . . | 15 | 3 years . . . | 19 |
| 6 „ . . . | 16 | 7 „ . . . | 20 |
| 9 „ . . . | 17 | 13 „ . . . | 21 |

Sexual, Seasonal, and other Modifications.—It is very important to remember the periodical variations which occur in the growth of children. Usually at birth, girls are a little shorter and lighter than boys. During the first five years the rate of growth is about the same in both sexes. From five to ten, boys develop more rapidly than girls; but, from ten to fifteen, girls grow more rapidly than boys. At eleven-and-a-half to fourteen-and-a-half they are taller, and, from twelve-and-a-half to fifteen-and-a-half, heavier than boys. From fifteen to twenty, boys develop more rapidly than girls, and continue their growth until about twenty-three. After about fifteen, girls develop more slowly, and usually complete their growth about twenty.

Growth is usually greatest in the spring and summer (April to August), less between August and November, and least during winter months. At a given age the children of the well-to-do show a greater average height than do those of the poor. Residence in India and elsewhere abroad frequently interferes with the proper development of an English child.

THE GROWTH OF CHILDREN

Table indicating average weights and heights of children and youths ¹

| MALES. | | | | | | FEMALES. | | | | | | | |
|-------------------|--------|------------------|------|--------|------------------|----------|-------------------|--------|------------------|------|--------|------------------|-------|
| Age last birthday | Height | | | Weight | | | Age last birthday | Height | | | Weight | | |
| | ft. | in. | mm. | st. | lb. | kgm. | | ft. | in. | mm. | st. | lb. | kgm. |
| 1 | 2 | 5 $\frac{1}{2}$ | 749 | 1 | 4 $\frac{1}{2}$ | 8'39 | 1 | 2 | 3 $\frac{1}{2}$ | 699 | 1 | 4 | 8'17 |
| 2 | 2 | 8 $\frac{1}{2}$ | 826 | 2 | 4 $\frac{1}{2}$ | 14'74 | 2 | 2 | 7 | 787 | 1 | 11 $\frac{1}{4}$ | 11'45 |
| 3 | 2 | 11 | 889 | 2 | 6 | 15'42 | 3 | 2 | 10 | 864 | 2 | 3 $\frac{1}{2}$ | 14'29 |
| 4 | 3 | 1 | 940 | 2 | 9 | 16'78 | 4 | 3 | 0 | 914 | 2 | 8 | 16'33 |
| 5 | 3 | 4 | 1016 | 2 | 12 | 18'14 | 5 | 3 | 3 | 990 | 2 | 11 | 17'69 |
| 6 | 3 | 7 | 1092 | 3 | 2 $\frac{1}{2}$ | 20'19 | 6 | 3 | 6 | 1066 | 2 | 13 $\frac{3}{4}$ | 18'94 |
| 7 | 3 | 10 | 1168 | 3 | 7 $\frac{1}{4}$ | 22'57 | 7 | 3 | 8 | 1117 | 3 | 5 $\frac{1}{2}$ | 21'55 |
| 8 | 3 | 11 | 1194 | 3 | 13 | 24'95 | 8 | 3 | 10 | 1180 | 3 | 10 | 23'59 |
| 9 | 4 | 1 $\frac{3}{4}$ | 1264 | 4 | 4 $\frac{1}{2}$ | 27'44 | 9 | 4 | 0 | 1238 | 3 | 13 $\frac{1}{2}$ | 25'18 |
| 10 | 4 | 3 $\frac{3}{4}$ | 1314 | 4 | 11 $\frac{1}{2}$ | 30'62 | 10 | 4 | 3 | 1295 | 4 | 6 | 28'12 |
| 11 | 4 | 5 $\frac{1}{2}$ | 1359 | 5 | 2 | 32'66 | 11 | 4 | 5 | 1346 | 4 | 12 | 30'85 |
| 12 | 4 | 7 | 1397 | 5 | 6 $\frac{3}{4}$ | 34'81 | 12 | 4 | 7 $\frac{1}{2}$ | 1410 | 5 | 6 $\frac{1}{2}$ | 34'70 |
| 13 | 4 | 9 | 1448 | 5 | 12 $\frac{1}{2}$ | 37'42 | 13 | 4 | 9 | 1467 | 6 | 3 | 39'46 |
| 14 | 4 | 11 $\frac{1}{4}$ | 1505 | 6 | 8 | 41'73 | 14 | 4 | 11 $\frac{1}{4}$ | 1518 | 6 | 12 $\frac{3}{4}$ | 43'89 |
| 15 | 5 | 2 $\frac{1}{4}$ | 1581 | 7 | 4 $\frac{3}{4}$ | 46'61 | 15 | 5 | 1 | 1549 | 7 | 8 $\frac{1}{4}$ | 48'20 |
| 16 | 5 | 4 $\frac{1}{4}$ | 1632 | 8 | 7 | 53'98 | 16 | 5 | 1 $\frac{3}{4}$ | 1568 | 8 | 1 | 51'26 |

DENTITION

Considerable variation occurs as to the time and order of dentition, but a marked departure from the normal must usually be taken as an indication of some derangement in the process of development. Rickets is the most common cause for delay and disorder in dentition.

At twelve months, eight of the temporary or milk

¹ The above table is reproduced by permission from *Wellcome's Medical Diary for 1910*. The numbers indicate average height, without shoes, and average weight, with clothes, of all classes (town and country) of the general population of Great Britain.

THE GROWTH OF CHILDREN

teeth should be present, and the twenty teeth should all be cut by the end of the second year. The order of eruption of the milk teeth is as follows: lower central incisors, upper central incisors, upper lateral incisors, lower lateral incisors, first upper and lower molars, canines, second upper and lower molars.

The order of the second dentition is subject to much variation; it begins usually with the appearance of the first molars or the central incisors at the age of six years.

Table indicating order of appearance of the permanent teeth.

| Form of tooth. | Date of eruption. |
|--|-------------------|
| First molars ('six-year-old molars') | 6 years |
| Central incisors | 7 „ |
| Lateral incisors | 8 „ |
| First bicuspid | 9 „ |
| Second bicuspid | 10 „ |
| Canines | 11 „ |
| Second molars ('twelve-year-old molars') | 12 „ |
| Wisdom teeth | 18 to 30 „ |

THE GROWTH OF A CHILD'S TISSUES

An infant, compared with children and adults, shows conspicuous difference in proportions; its limbs are relatively short compared with the trunk, and the circumference of the head and abdomen are large compared with that of the thorax. These differences should gradually disappear as the child grows.

Much of the rapid increase in the size of a child depends upon the development of the bones. Such a disorder as rickets seriously interferes with proper bone-

THE GROWTH OF CHILDREN

formation, and hence the stunting and deformity so common in these subjects. All the structures composing the body of a child have a more or less definite and orderly growth. The brain of a newly born infant forms about 14 per cent. of the body weight; an adult's is only 2·37 per cent. The brain at birth weighs 280-330 grammes, and rapidly increases in size and weight, so that by the fourteenth year it is from 1,150 to 1,300 grammes; the adult brain averages 1,400 grammes. The higher centres of the brain, and many of the more important nerve-paths, are imperfect at birth, but undergo rapid growth and elaboration during the early years of childhood. The physiology of childhood is ever undergoing modification. Some functions increase in importance, while others decline. With the passage from the dependent reclining position of infancy to the crawling posture of a later period, followed by the erect attitude, fresh forces are brought to bear on the developing bones, joints, muscles, and other structures. A study of a child's back at different ages well illustrates the mechanical evolution which is in progress.

THE PHYSIOLOGY OF CHILDHOOD

Many functions are very active in childhood, while some are in abeyance and imperfectly developed. The normal temperature of a child is about 98·8 F. when taken in the arm-pit, and about ·7 F. higher when taken in the rectum. Comparatively slight influences easily raise the temperature in early life. A young child requires much sleep. An infant of a year sleeps for from fifteen to sixteen hours of the day; from two or three years, twelve to thirteen hours are required;

THE GROWTH OF CHILDREN

from four to five years, ten to twelve hours. Many children suffer from insufficient rest and sleep. Respirations in a newly born child amount to about 44 per minute. At the end of the first year and the commencement of the second they have fallen to about 28 ; during the third and fourth years they are about 25 ; by the fifteenth year they have fallen to 20. The pulse of the newly born infant is about 130 per minute. By the second year it has fallen to 110 ; by the fifth to 100 ; by the eighth to 90 ; and by the twelfth to 80. During childhood the powers of digestion and assimilation are very active, but should not be overtaxed. Special care should be taken to secure hygienic habits in regard to the excretions. The bowels must be relieved daily. Children pass a relatively greater amount of urine than adults. A regular discipline in regard to relieving the bladder will obviate much difficulty. Children perspire freely, and a warm bath before retiring to bed is a hygienic procedure which is almost essential to health.

During childhood the human machine is very active. Nutritional processes are at their maximum. There is great heat loss, but rapid heat-production. It is estimated that an infant consumes more than four times as much nutriment as is actually needed for growth ; this is in order that heat-production may be maintained. In a young child the heat requirements per kilogramme of body weight are nearly three times that of an adult. All this has a practical bearing on the feeding and upbringing of a child.

Sexual differences are discernible from early childhood, but the most conspicuous changes are not apparent until the oncoming of puberty, when profound physiological distinctions arise and anatomical changes mark

THE GROWTH OF CHILDREN

the establishment of secondary sexual characters. Profound psychical modifications accompany this critical period. This unstable transit from childhood, through youth, to womanhood and manhood requires all the regulating and protecting powers that self-knowledge and self-reverence can afford.

III

THE PSYCHOLOGY OF CHILDHOOD

**W. B. DRUMMOND, M.B., C.M.,
F.R.C.P.E.**

*Assistant Physician, Royal Hospital
for Sick Children, Edinburgh; Lecturer
on Hygiene, Edinburgh Provincial
Training College; Author of 'The
Child, His Nature and Nurture' and
'An Introduction to Child Study'*

*O child ! O new-born denizen
Of life's great city ! on thy head
The glory of the morn is shed,
Like a celestial benison !*

*Here at the portal thou dost stand,
And with thy little hand
Thou openest the mysterious gate
Into the future's undiscovered land.*

LONGFELLOW.

*Thou little Child, yet glorious in the might
Of heaven-born freedom on thy being's height,
Why with such earnest pains dost thou
 provoke*

*The years to bring the inevitable yoke,
Thus blindly with thy blessedness at strife ?*

*Shades of the prison-house begin to close
Upon the growing Boy,
But he beholds the light, and whence it flows,
He sees it in his joy.*

WORDSWORTH.

*A boy's will is the wind's will,
And the thoughts of Youth are long, long
thoughts.*

LONGFELLOW.

*Many are already old before they are
through their teens ; but to travel deliberately
through one's ages is to get the heart out of
a liberal education.*

STEVENSON.

*When I was a child, I thought as a
child, I spake as a child, I understood as
a child ; but when I became a man, I put
away childish things.*

ST. PAUL.

III

THE PSYCHOLOGY OF CHILDHOOD

FROM the simple to the complex, is a good rule, but it is not one which is easy to apply to the study of the child mind. The mind of the child is undoubtedly simpler than that of the adult, but the only mind which the adult can study directly is his own. In studying the mind of the child, we must proceed by observation—the observation of outward behaviour, and inference. We try to explain the behaviour in terms of mind. In so doing, we must guard against many fallacies. Especially must we be careful not to attribute to the child more mind than will explain his conduct. An action which may have been either instinctive or intelligent is no *proof* of intelligence.

THE INFANT MIND

For some little time after a child is born there is no evidence of mind at all. The various movements and cries of the young infant are all such as might be brought about by reflex action. The infant might behave just as it does at present if it had no brain at all, but only a spinal cord. Hence the physiologist tells us that the new-born infant is a 'spinal animal.' It is not long, however, before evidence of the dawn of mind manifests itself.

THE PSYCHOLOGY OF CHILDHOOD

THE DEVELOPMENT OF THE SENSES

Sensation lies at the foundation of all mental development. From birth onwards all the various senses are subject to repeated stimulation, and before long the infant begins to show some appreciation of the sensations which result.

Taste and smell appear to develop very early, and infants only a few hours old are said to manifest uneasiness at disagreeable tastes or strong odours. The close association of these senses with the child's primitive needs would account for their early development.

Touch-sensations of a vague kind may be experienced even before birth. After birth the general surface of the skin gradually becomes more sensitive, while certain special parts of it by slow degrees acquire a great delicacy of discrimination. The tip of the tongue and the lips become very sensitive quite early, and one of the marked characteristics of infants is the tendency to test everything they can get hold of with their mouths. The differentiation of the forefinger as a special organ for feeling takes place later.

Sight and hearing are of particular importance in relation to mental development. At birth the eye is sensitive to light, but before the child can be said to see in the true sense he has to learn to direct his eyes upon a particular object, to focus the eyes so as to obtain a clear image, to co-ordinate the movements of the two eyes, and to move the eyes so as to follow a moving object. It takes a child a long time to judge at all accurately the distance of objects. Thus a child nearly two years of age tried to hand something to a person looking out of a window two stories above him. The recognition of different colours

THE PSYCHOLOGY OF CHILDHOOD

also has to be learned. Many studies on this subject have been published; but the investigation is difficult, because children certainly recognize colours long before they know their names. Hearing does not appear to be present at birth, and children are not sensitive to loud sounds till they are some days old. An important stage of mental development is reached when children begin to attach meaning to sounds. It is through the sense of hearing that the child comes into possession of language, and all that language implies. A child who is quite deaf from infancy is also invariably dumb.

THE POWERS OF PERCEPTION

The various sensations of sight, hearing, touch, and so on, are frequently repeated, and soon come to be remembered and recognized by the child. Gradually they are associated together, and thus the child comes to 'that act of the mind by which real external things become known through the senses.' Perception is a complex act. Involving as it does the combined use of the senses and the recollection of past uses, its acquisition must depend upon the repeated use of the various sense-organs in association with one another. Nature provides for this repeated use by planting in the child an instinct to touch, and handle, and taste, and experiment with everything within reach. The use of one sense supplements and corrects the errors of another. It takes an infant a long time before he knows without trying whether an object he sees is within reach or not. Every time a young child handles anything the sensations of roughness, smoothness, hardness, softness, coldness, weight, and so on, are associated with the sensations of roundness, squareness, yellowness, redness,

THE PSYCHOLOGY OF CHILDHOOD

or whatever the visual qualities of the object may be. Perception begins in infancy, but even by the time a child goes to school the power of perception is still very faulty. Hence it is of great importance that all young children, whether in the nursery, the kindergarten, or the infant school, should have abundance of practice in exercising their various senses in association with one another, and in as varied ways as possible. For developing the senses play is of the greatest value.

THE GROWTH OF MEMORY

Memory is implied in the development of perception. Practically all the experiences of the first two years of life, and the great majority of several more, are completely forgotten, but such as are remembered rest upon a basis of physiological or organic memory, which was formed by all the experiences which cannot be individually recalled. All these experiences, forgotten though they are, doubtless play an important part in colouring a child's emotional life, in forming his habits, and in moulding his character. If order, punctuality, cleanliness, sympathy, justice, truthfulness, are in the daily life of the child from birth, the minor, as well as the major, moralities will be likely to have for it the authority of the laws which rule the world.

Memory in the higher sense is stated by some psychologists to be better developed during the earlier school period than at any other time. Verbal memory is then usually very good, and modern psychology is tending to justify the old schoolmasters in utilizing this period for storing the memory with as much as possible of what is worth remembering.

THE PSYCHOLOGY OF CHILDHOOD

THE EVOLUTION OF REASONING POWERS

Young children may display a considerable power of reasoning by analogy, and of applying their reason to their own wants, but they have very little power of following a chain of reasoning. One characteristic of the adolescent period of life is that there then develops in a very marked way the power of abstract generalization and of following a sequence of argument. It is at this time that progress in mathematics can be made most rapidly, and that efforts to teach children to think for themselves are most likely to be fruitful.

THE NATURE OF HUMAN INSTINCTS

The tendency of children to handle objects and carry them to their mouths, their efforts to sit, to stand, to walk, their impulse to imitate whatever they see or hear, may all be regarded as instinctive in character. All such movements result from inherited impulses similar to, if less definite than, the instincts of the lower animals. Various feelings, such as fear, anger, curiosity, shyness, emulation, secretiveness, are all instinctive in character. All are of importance for mental and moral development. Without capacity for fear no child would learn reverence. Without capacity for anger no child would learn to hate evil. A child with none of these instincts would be an idiot.

Of all the instincts of childhood the most important is play. Play is not simply a means of passing the time or of letting off steam. Play is a means whereby the little child learns to use its senses and to exercise its muscles. Games of skill of various kinds teach an

THE PSYCHOLOGY OF CHILDHOOD

accurate use of the muscles and a fine co-ordination of hand and eye. Social games give a young child some idea of the meaning and value of rules, and help to develop sympathy. More complex games, like cricket and football, not only develop strength and swiftness, but exercise forethought, resourcefulness, quickness of judgement, obedience, and even the spirit of helpfulness and sacrifice, as when a boy learns to play, not for himself, but for his side.

THE FORMATION OF WILL

Children are often credited with the possession of strong wills, but this usually means simply that they exhibit at times a considerable degree of obstinacy—by no means a wholly undesirable quality, but no proof of strength of will. The will, like the intellect, develops gradually, and therefore is weakest, not strongest, in childhood. A strong will necessarily implies concentration of attention and steady purpose ; whereas a weak one is ruled by emotion, or the caprice of the moment.

That a child's will is governed at first by feeling and not by reason is obvious enough. As experience develops and the child learns to reflect on the consequences of his actions, the power of inhibiting actions which are likely to have undesirable consequences is gradually acquired. At an early stage of development the child finds gratification in the satisfaction of his appetite for pleasure of different kinds. The power of inhibiting or checking the tendency to minister to the cravings of the moment, in order that conduct may be governed by higher motives and principles, is one which the educator must seek to develop and strengthen.

THE PSYCHOLOGY OF CHILDHOOD

THE RÔLE OF THE KINDERGARTEN

Any one interested in the development of the child's mind should study the kindergarten system. The kindergarten is a system of education which is so scientifically adapted to the needs and capacities of the developing child that no one can study it intelligently without gaining fresh light on child nature. The various kindergarten occupations are of value, in the first place, in giving the child a large range of sensory experience. At the same time they afford opportunity for self-expression, and thus assist the development of intelligence. They require attention and the execution of voluntary movement, and thus exercise the will. Moreover, moral qualities are involved, such as neatness and self-dependence. Some of the earlier occupations erred in requiring too fine an adjustment of hand and eye. It is now recognized that occupations (such as 'pricking') which necessitate fine movements and very accurate focusing of the eyes should not be expected of young children. Of course every one knows that little children are decidedly clumsy in their movements, and that dexterity is acquired very gradually. A child is capable of the 'big movements' involved in running about long before it can execute the 'little movements' necessary to button a glove. Now, in any kind of hand-work given to young children, whether for their instruction at school or their amusement at home, the principle should be recognized of not hastening development unduly. Those occupations are most suitable which involve little or no more refinement of movement than the child displays spontaneously in its play. Thus, sticklaying, and building with bricks, and rough modelling with sand

THE PSYCHOLOGY OF CHILDHOOD

are interesting and educative employments for children at an age when pricking, sewing, or writing would involve strain—strain of the eyes, strain of the small muscles, and strain of the nervous system.

One other aspect of the kindergarten must be mentioned. The occupations of the kindergarten aim primarily at the training of the senses and the development of intelligence. The games of the kindergarten, while helping the child's physical development, aim primarily at training the emotions and helping the social side of the child's nature. Froebel, the founder of the kindergarten, studied the games which mothers play with their children, and the traditional rhyming and singing games which children all over the world play among themselves. He asked himself, 'Why do children love these games so much?' and, 'In which ways do the games help the children?' In the kindergarten he has tried to supply children with games which they would enjoy just as they enjoyed their own traditional games, and which would also stimulate their imagination, and cultivate their emotions, and give them a sense of their relationships one with another and with the great world around them. The songs which accompany the games appeal to the child's natural fondness for music, and at the same time help him to understand what the game means. 'He who understands what I mean by these songs,' he says, 'knows my inmost secret.'

IV
THE HYGIENE OF
CHILD LIFE

LEONARD FINDLAY, M.D.

*Assistant to the Professor of Medicine in the Glasgow University ;
Dispensary Physician to the Western
Infirmary ; Dispensary Physician
to the Royal Hospital for Sick
Children, Glasgow*

*Train up a child in the way he should go ;
and when he is old, he will not depart from it.*

THE BOOK OF PROVERBS.

*Every day is a little life, and the whole
life is but a day repeated.*

BISHOP HALL.

*Those who work for the highest ends will
best attain them in humble obedience to the
common laws.*

DRUMMOND.

*To make a happy fireside clime
To weans and wife,
That's the true pathos and sublime
Of human life.*

BURNS.

*Whether it be for good, or whether it
be for evil, the education of the child is
principally derived from its own observation
of the actions, the words, the voice, the looks,
of those with whom it lives.*

BISHOP JEBB.

*Good Christian people, here lies for you
an inestimable loan ; take all heed thereof,
in all carefulness employ it : with high
recompense, or else with heavy penalty,
will it one day be required back.*

CARLYLE.

IV

THE HYGIENE OF CHILD LIFE

HEALTH culture is undoubtedly one of the most important branches of child education. Hygiene embraces a consideration of all the means by which the mental and physical wellbeing of the child are fostered.

THE REGULATION OF EXERCISE AND REST

As a rule the child learns to walk about the commencement of the second year—sometimes earlier, but more often later. Every child, so soon as it attempts to stand upright and to move about, should be encouraged to do so, as in this way much and agreeable exercise is obtainable. The good and beneficial influence of exercise on the child cannot be overestimated. The development of bones and muscles is in great measure determined by use. The strength of the heart and efficiency of the respiratory organs are also increased by exercise.

During exercise the heart beats more strongly and quickly, and is thus trained to meet any sudden demand which may be made upon it; and, as a result of the fuller and more rapid breathing, more oxygen will be inhaled. This latter fact entails a more complete burning up or utilization of the food, and a less chance of its

THE HYGIENE OF CHILD LIFE

decomposition within the bowel and absorption in an unsuitable condition, with the consequent production of headache, lassitude, loss of appetite, and dyspepsia.

Moreover, it is not improbable that the unfortunately too common disease, rickets, which is characterized by imperfect formation and deformity of the bones, owes its origin to deficient exercise ; at least it is certain that a sufficiency of exercise and fresh air are inimical to its development, and aid materially in its disappearance and cure.

During childhood absolutely no difference should be made between the sexes, boys and girls receiving the same amount of exercise. Walking, romping, and running, especially in the open air, should be encouraged as much as possible. As the child gets older, cycling, dancing, gymnastics, and the like can be indulged in. The more interesting the play—and for this much depends on the ability and ingenuity of the nurse—the more eagerly will it be enjoyed. Exercise should alternate with periods of rest. A child's powers of endurance are limited.

PROVISION FOR FRESH AIR

Pure air is an absolute necessity for the growing child. The following statistics, showing the comparative heights and weights of fourteen-year-old boys in the Liverpool Council Schools and Port Sunlight Schools (compiled by Dr. Arkle of Liverpool),¹ demonstrate pretty conclusively the value of a rural or fresh air existence over that of town or city life.

¹ The figures were kindly supplied by Mr. Ebenezer Howard, of Letchworth Garden City.

THE HYGIENE OF CHILD LIFE

Table showing comparative heights and weights of fourteen-year-old boys in Liverpool Council and Port Sunlight Schools

| Locality. | Height in inches. | Weight in lbs. |
|--------------------------------------|----------------------|-------------------|
| Liverpool Higher Grade Schools . . . | 61'7 | 94'5 |
| „ Council Schools (a) . . . | 58'2 | 95'8 |
| „ „ „ (b) . . . | 56'2 | 75'8 |
| „ „ „ (c) . . . | 55'2 | 71'1 |
| Port Sunlight Schools . . . | 62'2 | 108'0 |

Higher Grade Schools.—Where the sons of leading wealthy citizens are educated.

Council Schools (a).—Type of best Council school, where the parents of the children are well-to-do and have comfortable homes.

Council Schools (b).—The parents of the children attending these schools are of the labouring classes.

Council Schools (c).—Children attending such belong to the poorest class; their parents belong to the unemployed or casual labour classes.

Port Sunlight Schools—which may be taken as equal to type (b) of the Council Schools—are attended by children whose parents are mostly of the labouring classes in constant employment; but the houses in which the children live are built with ample air-space, and not more than seven houses to an acre.

The child should spend as much of the day as possible in the open; and even when under four years of age, and accustomed to an afternoon nap, should be allowed to enjoy this outside the house. Fresh air and sunlight are the greatest enemies of microbes, which are the cause of many diseases to which children are liable.

THE REGULATION OF HYGIENIC HABITS

Children are creatures of habit, and with proper training good habits should be as easily learned as bad ones. Children must be encouraged to empty the bladder and bowels at stated times, and should be taught early to give some indication that they wish to perform these natural functions. In this way an enormous

THE HYGIENE OF CHILD LIFE

amount of labour will be spared mother and nurse, and much comfort ensured to the child. Napkins will thus be discarded at an early age, and the irritation of the skin which results from the child lying in soiled clothes will be avoided.

THE PRACTICE OF CLEANLINESS

It might seem superfluous to insist upon strict cleanliness, but many of the serious inflammatory conditions of the skin, head, mouth, and other parts of the body result primarily from neglect of the habits of cleanliness. Every child should be washed thoroughly all over with soap and tepid water at least once a day. Whether or not it should be afterwards douched with cold water depends entirely on the effect produced by such a procedure. Children, like adults, vary in their ability to react after exposure to cold, and what would be good for one child might be injurious to another. Should the child react after drying and moderately vigorous rubbing with a rough towel, and develop a warm and ruddy glow all over, then cold sponging is good and healthful; but, on the other hand, should the child suffer from cold and shivering, and blueness of the lips and extremities, then the sooner such a method of hardening the child is discarded, the better. Bathing should never take place immediately after a meal, and in general—unless when followed by a cold douche, when it should be given in the morning—is, perhaps, better carried out in the evening before retiring to bed.

THE CARE OF THE TEETH AND MOUTH

The normal child has six teeth at the commencement of the second year, and by the age of two and half years

THE HYGIENE OF CHILD LIFE

should have its full complement (twenty in number). The greatest care should be taken to keep the child's mouth clean, and to avoid decay of the milk teeth, as on their healthy condition depend the fate and efficiency of the secondary or permanent set. At least once a day the teeth should be cleansed with a soft brush, and a weak alkaline or antiseptic solution, or plain warm water.

RATIONAL CLOTHING

The amount of clothing, and the extent to which the child's body is covered, will, of course, depend on climatic conditions. In summer the child may be allowed to go about with the arms, legs, and neck more or less exposed. In spring, autumn, and winter, when changes in the temperature are sudden and extreme, much caution must be exercised. The custom at present in vogue of hardening children by exposing their bodies to the elements is cruel and unscientific. It is by means of the surface of the body that the loss of heat is mainly regulated, and, proportionately to the size of the body, children have a larger surface than adults for losing heat, consequently exposure in their case causes a greater loss and a more easy chilling. During autumn, winter, and spring, clothing with woollen combinations is desirable, covering completely the upper and lower limbs, in addition to the chest and abdomen. In the case of girls, this allows of a more rational style of dress than is usually adopted. Children must not be overburdened with clothes, nor the movements of the body or limbs be in the least restricted. For this reason it is inadvisable to dress little girls in corsets, as this article of dress interferes with free breathing, hampers and deforms the organs in the abdomen, and, finally, but not least important, weakens the

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muscles of the back, and allows of various degrees of curvature of the spine. A woollen or cotton corset or waistcoat may be used to support the undergarments, and as this passes over the shoulders the weight of the clothes will be properly supported. Shoes or boots should be soft and pliable, provided with a sole having the shape of the natural foot, wider at the toes than at the heel, and whose inner aspect is straight, or curved slightly inwards. At first there should be no heels, and later only very low ones. In this way the natural shape of the foot will be preserved, and its normal spring and pliancy retained.

THE REGULATION OF SLEEP

A child requires an abundant allowance of sleep. During the period of sleep the tissues of the body rest and recuperate their lost energies ; and, as the day of a healthy and vigorous child is a most active one, both mentally and physically, it is little wonder that so much sleep is required. During the second year the child should sleep at least sixteen hours daily. As it grows older this amount may be lessened ; but until four years of age an afternoon nap should be allowed. The child, in this matter, may be permitted to follow its own inclination ; but during childhood at least from thirteen to fourteen hours daily should be spent in sleep. Early to bed ought to be an invariable rule, and the child should be encouraged to rise immediately after waking in the morning, in order that good habits may be acquired. The child must sleep in a bed by itself, in a well-aired and comfortably warm room. It is not necessary, however, even in mid-winter, to have a fire in a healthy child's room, as the loss of heat can be guarded against by a sufficiency of warm blankets.

A CHILD'S DIET

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*Future years develop what has been
started in early years.*

FROEBEL.

*A well-governed appetite is a great part
of liberty.*

SENECA.

*Only after thought and study is one able
to give children a suitable life.*

FROEBEL.

*And for a child's diet let it be always
slender.*

SENECA.

*A child should always say what's true,
And speak when he is spoken to,
And behave mannerly at table,
At least as far as he is able.*

R. L. STEVENSON.

*Build me straight, O worthy Master,
Staunch and strong, a goodly vessel
That shall laugh at all disaster,
And with wave and whirwind wrestle.*

LONGFELLOW.

V

A CHILD'S DIET

IN dealing with the subject of a child's diet it will be convenient to consider it under two age-periods: (A) From 12 months to 2 years; and (B) from 2 years upwards.

A. DIET FROM TWELVE MONTHS TO TWO YEARS

IN dealing with this very important period in a child's life, it must be remembered that at the age of 12 months a healthy child is having 5 meals of either pure milk or milk containing one of the farinaceous foods—i.e. an entirely fluid diet; whereas, when 2 years old, the child should be having a mixed diet with solid food. The transition must be accomplished *gradually*, and the diet tables given below will show how this may be done. Two principles must be borne in mind: (1) that from the age of 1 to 2 years milk should be the staple article of diet; and (2) that care must be taken not to give too much starchy food.

(1) During the second year milk must be the basis of the child's diet. From $1\frac{1}{2}$ to 2 pints a day are required. The idea that many children cannot take milk is entirely erroneous; maybe they will not take it because other food pleases them better, but in this they must not be allowed to have their own way.

For children of this age the milk need not be diluted;

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if, however, the milk be very rich, a fourth part of water may be added, or if the milk be very poor, or constipation be present, a little cream may be supplied.

Weaning from the bottle should be commenced by the thirteenth month. By the fifteenth month all milk should be taken from a cup.

(2) Too much starchy food must not be given to a young child. A child from 1 to 2 years of age, fed mainly on bread and butter and potatoes, will develop rickets just as an infant does who is fed on patent foods before he is 6 or 8 months old.

The diet during the second year should consist of :
1. Milk ; 2. Farinaceous food (Arrowroot, Robinson's Patent Barley, Neave's or Ridge's Foods) ; 3. Bread ; 4. Animal food (beef juice, eggs, beef or mutton) ; 5. Fruit juices.

As to the number of meals allowed, a healthy child should have not more than 4 or 5 meals in 24 hours. The times of the meals must be carefully regulated and punctually kept. The aim should be to give the child but 3 meals a day—breakfast, dinner, and tea. Many children do well on this ; others, however, require extra feeds, but not more than 2 should be given. These extra feeds should consist of milk alone, without the addition of any farinaceous food. The best hours for meals are as follows :

| | |
|-----------------------|-----------|
| Breakfast | 7.30 a.m. |
| Milk Lunch | 11.0 „ |
| Dinner | 1.30 p.m. |
| Tea | 5.30 „ |
| Milk Supper | 10.30 „ |

A healthy child should sleep from 6 p.m. to 6 a.m. without waking.

A CHILD'S DIET

During the second year teeth are often a source of irritation, and it does the child no harm to gnaw a chicken- or a chop-bone. It helps the process of cutting the teeth and encourages the biting process, which is an excellent training for the thorough mastication so desirable at a later age.

Soothers and comforters are not to be commended, but if used must be made of bone or coral, so that they can be kept scrupulously clean without difficulty.

SAMPLE DIETS FOR A YOUNG CHILD.

| | Diet from 12 to 15 months. | Diet from 15 to 18 months. | Diet from 18 months to 2 years. |
|--------------------------------|---|--|---|
| <i>Break-fast</i> 7 or 7.30 | Breakfastcupful of food, ¹ $\frac{4}{6}$ of this must be pure milk, the rest the special food. | Breakfastcupful of milk, slice of thin bread and butter. | Breakfastcupful of milk, slice of thin bread and butter, yolk of a lightly boiled egg, to alternate with a little well-cooked porridge. |
| 10 or 10.30 | Drink of milk and rusk or plain biscuit. | Drink of milk with rusk, plain biscuit, or stale sponge cake. | Drink of milk with rusk, plain biscuit, or stale sponge cake. |
| <i>Dinner</i> 1 o'clock | Same as breakfast. | A cupful of good beef-tea, ² chicken broth, ³ or beef gravy, with a rusk or stale bread. About three times a week, instead of the broth or gravy, the yolk of a lightly boiled egg on a little mashed potato may be given. | $\frac{1}{2}$ to 1 tablespoonful of roast underdone beef or mutton finely minced. A little well-mashed potato with gravy, or potato and gravy followed by a good tablespoonful of milk pudding. For drink, water, toastwater, ⁴ or barley water. ⁵ |

A CHILD'S DIET

SAMPLE DIETS FOR A YOUNG CHILD (*continued*)

| | Diet from 12 to 15 months. | Diet from 15 to 18 months. | Diet from 18 months to 2 years. |
|-------------------------|--|----------------------------|--|
| <i>Tea</i> 5 o'clock | Same as breakfast. | Same as breakfast. | Breakfastcupful of milk, bread and butter. |
| 10.30 | Drink of milk if required. | Drink of milk if required. | Drink of milk if required. |
| | Two tablespoonfuls of orange, lemon, or grape-juice should be given once during the day, not less than one hour before or one hour after a meal. | Fruit juice as before. | Fruit juice as before. |

¹ Farinaceous food must be given only in carefully regulated quantities: The amount given should be one tablespoonful in 24 hours. For preparation the food is made into a gruel by adding a tablespoonful to about half a pint of water. This should be sufficient for 24 hours. The child's meal is then made by adding a portion of the gruel to some milk which has been warmed and mixing the two together. A pinch of salt and a little sugar is then added.

² Beef-tea is made with 1 lb. of gravy beef and 1 pint of water. Cut the meat finely and free from fat and gristle. Put it into a jar with the water. Cover the jar with a plate, and leave it in a steady oven for about 2 hours. It should never be allowed to boil. Skim if necessary.

³ Chicken broth is made with half a fowl, 1 quart of water, and a little salt. Put the fowl with the water into a saucepan, simmer gently for 1½ hours, carefully skimming the broth. When done, strain and put by in a cold place. Before using, take all the fat off the top and warm as much as is required.

⁴ Toast-water is made as follows: Cut slice from stale loaf—hard crust is best. Toast it, put it into a jug, pour 1 quart of boiling water over it, cover closely, and allow to stand till cold. Strain.

⁵ Barley water is thus prepared: Put 2 good teaspoonfuls of washed pearl barley with 1 pint of cold water into a saucepan and simmer slowly down to two-thirds and strain. It should not be allowed to boil. Barley water does not keep fresh beyond a few hours. It should therefore be made at least twice a day. Once made, it must not be heated to boiling point, or it will rapidly turn sour.

If under any of these diets the child does not thrive or suffers from any of the symptoms of indigestion, the cause of the error is probably too much solid food or an

A CHILD'S DIET

excess of starch in the food. The starchy foods in the above diet are mainly bread, potato, and farinaceous food. In case of indigestion, therefore, these should be omitted for a time, and the child put back on practically a first year diet. Meat juice and fruit juice may, however, be continued. It may be necessary to feed a weakly child of from 12 to 14 months as though it were only 4 or 5 months old, or a child of 20 to 24 months as though it were only 10 to 12 months old. This is very important to remember, because when a child from 12 to 24 months fails to thrive, the tendency is to increase the complexity of its diet, whereas it will do better and gain in weight if the diet be simplified by restriction to milk, with or without dilution, meat juice or broths, and fruit juice. These weakly children of 12 to 24 months old may have larger quantities of milk than children of under 12 months, but the intervals between the feeds should never be less than 3 hours, and 4 hours is to be preferred. The number of feeds in the 24 hours should be five. Beef juice, the yolks of eggs partially cooked, may be given with advantage to these weakly children at the mid-day meal. Later on, when it is desirable to add starch again to these children's diet, it may be given in the form of malted foods, i.e. foods in which the starch has been converted into a soluble and therefore more easily digested form. The best of these are Mellin's Food, Benger's Food, Allenbury's Malted Food, Savory and Moore's Food.

As the child gains in strength and weight, the food may be gradually modified, till the diet recommended above for healthy children is reached. All changes must be made very gradually. Most mothers and nurses tend to over-feed delicate children.

A CHILD'S DIET

B. DIET FROM TWO YEARS UPWARDS

At the age of 2 years all the milk teeth should have been cut, and the child should now possess the power of mastication. A little meat, chicken, or fish may therefore be given every day. In other respects the diet from 2 to 3 years of age resembles in the main that for a child of from 18 to 24 months.

The meals should be three in number, but a drink of milk may be given mid-way between breakfast and dinner. The following differences may however be made. Tea may be given at 5.30, and nothing should be taken afterwards. Fruit juice may be discontinued, and a little stewed fruit given instead at the mid-day meal. Dinner will therefore consist of a little meat, chicken, or fish, with potato and green vegetable, stewed fruit, bread, and water.

In arranging the more complex meals of a child from three upwards, it is important that each meal should contain both animal and vegetable food. The following points should be carefully attended to :

1. The total quantity of food given in the 24 hours should *not* contain an excess of starchy food—i.e. bread, biscuits, cake, potato, peas, beans, turnips, carrots, porridge, patent foods, farinaceous puddings such as corn-flour, arrowroot, sago, rice, tapioca, &c.

2. The food should *not* contain an *excess of sugar*—i.e. sugar, jam, honey, treacle, sweets, chocolates.

3. It should contain plenty of *fat*—i.e. butter, bacon fat, dripping, suet, cream.

4. It should contain plenty of *proteid or nitrogenous food stuff*—i.e. milk, eggs, meat, chicken, fish.

5. It should contain a sufficiency of *organic salts*, which are supplied by green vegetables and fruit.

A CHILD'S DIET

Now it will be noticed that for the most part all the foods mentioned under 1 and 2 are of vegetable origin, and all the foods mentioned under 3 and 4 are of animal origin. The child requires both animal and vegetable food in due proportion, and the tendency in feeding children is to give an excess of vegetable food. This is a mistake.

From the following list the diet of a healthy child may be arranged.

*Milk.*¹—This should still be the basis of the diet. Most children require 1 quart a day. Usually it should be given warm, but in this matter the taste of the child may be consulted. It may require considerable ingenuity on the part of the parent to make the child take a sufficient quantity of milk. Half a teaspoonful of bovril or a few drops of vanilla added to half a pint of milk often renders the milk palatable to a child who would otherwise refuse it. It may also be borne in mind that a fair amount of milk can be given in the form of milk or custard puddings, in junket, or with porridge.

Cream.—This is sometimes of service, especially when there is a tendency to constipation. It may be used with porridge, with mashed potato, in broths, in milk, and with stewed fruit.

Eggs.—These must be fresh. They should be lightly boiled or poached, never fried. They may be given in the form of custard puddings.

Fish and Meats.—Some form of these should be given every day at the mid-day meal—either mutton chop, roast mutton, roast beef. Beef and mutton should be

¹ Full particulars regarding the sterilization and storage of milk will be found in Vol. I, page 44, of this series of National Health Manuals.

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given underdone. Bacon fat and dripping are often useful. Fresh fish only should be given. This may be broiled or boiled, but neither fried nor baked.

Vegetables.—Potato may be given once a day. It is best to wash it well and then bake it in the skin. If desired, gravy from the joint or cream may be added. One other vegetable may be given every day for dinner. The best forms are: broccoli or cauliflower; spinach (which should be passed through a sieve); peas (fresh); French beans (finely chopped); celery (well stewed and cut into small pieces); turnips (mashed); carrots (mashed); cabbage and Brussels sprouts (finely chopped); onions (well cooked).

Puddings.—These may be made with rice, tapioca, semolina, or sago. Custard, batter, suet puddings, and junket may be given; also blancmanges made with corn-flour or gelatine.

Porridge.—Well-cooked porridge may be given at breakfast with cream or milk and a pinch of salt. An attempt should be made to train the child to take it without sugar or treacle.

Bread.—Only stale bread should be given with butter, cream, dripping, or dipped in bacon fat.

Biscuits.—Plain biscuits are useful, but sweet biscuits should be avoided. Cakes are not to be commended as an article of diet. They may be given occasionally, but should be quite plain without seeds or fruit.

Fruits.—Some fruit should be given every day. Very few varieties should be given raw, so that reliance must be placed upon cooked fruits. The best of these are baked or stewed apples and stewed prunes. Of fresh fruits, oranges carefully peeled, grapes from which the skin and pips have been removed, bananas mashed to a

A CHILD'S DIET

pulp. Raw apples may be given after the age of four. Care must be taken that all raw fruit is fresh and ripe.

The following articles should be forbidden to children under four, and may be withheld with advantage until the ninth year or even longer.

Meats and Fish.—Ham, pork, sausages, salt, dried, or pickled meat or fish, goose, duck, game, kidneys, liver and bacon, stews.

Vegetables.—All raw vegetables—celery, radishes, lettuces, cucumbers, tomatoes, or beetroot, and all fried vegetables.

Fruit.—All nuts or fruit containing seeds—strawberries, currants, raspberries, gooseberries, blackberries. All dried fruit—figs, dates, or raisins. All tinned fruit.

Pastry.—All tarts or pastry of any description.

Drinks.—Tea, coffee, wine, beer, or cider.

SAMPLE DIET FOR A CHILD OF 4 YEARS AND UPWARDS

The following may be taken as a sample diet :

Breakfast, 7.30.—Egg or porridge on alternate mornings. Bread and butter, breakfastcupful of milk.

Lunch, 10.30.—Glass of milk and plain biscuit.

Dinner, 1.30.—A little meat, chicken, or fish, with potato, some other vegetable, and bread. Water to drink. Milk or suet pudding to alternate with baked apple or stewed prunes. On the day when the child has milk or suet pudding, it may also be given some raw fruit according to the above list.

Tea, 5.30.—Breakfastcupful of milk, bread and butter. A little jam or cake may be allowed on alternate days. Jam includes marmalade, honey, and golden syrup.

GENERAL RULES FOR THE FEEDING OF CHILDREN

The following simple rules in feeding should be observed :

1. The child should be taught to eat slowly and

A CHILD'S DIET

thoroughly to masticate its food. It must not be allowed to bolt its meals, nor, on the other hand, should it be allowed to dawdle over them.

2. All food must be finely divided, for mastication is very imperfect even up to the sixth or seventh year.

3. Meals must be given at regular hours.

4. If ordinary simple food is refused at meal times, the appetite is not to be tempted with forbidden articles of diet, because of the notion that 'the child must eat something.'

5. If a child is disinclined for food, do not force it to eat. Under no circumstances should food be offered again before the next meal time. The only exception is when a child complains of thirst, then it may have plain boiled water, toast-water, or barley water ; but milk must never be given to assuage thirst in between meals.

If a child does not thrive on a diet arranged on the above lines, but remains thin and pale, the remedy is not to be sought in increasing the amount of the food or the frequency of the meals. Be certain whether the tongue is clean and moist and the motions regular and healthy ; if not, medical advice must be sought. A dirty tongue and unhealthy motions mean that there is some disorder of the stomach and intestines, and while this is present the child will gain more nourishment from a small amount of food with which it can cope than from a large amount which it is totally unable to assimilate.

No radical change should be made in the diet throughout the child's school life with the following exceptions : (1) Raw fruit may be given once a day at mealtimes after five or six years of age. (2) From 10 years of age upwards an egg or some fish may be given at tea-time.

VI

THE PREVENTABLE
DISEASES OF
CHILDHOOD

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The first wealth is health.

EMERSON.

Prevention is better than cure.

ANCIENT PROVERB.

*The preservation of health is a duty.
Few seem conscious that there is such a
thing as physical morality.*

H. SPENCER.

*Make such a habit of well-doing in you,
that you shall not know how to do evil.*

SIR PHILIP SIDNEY.

*Fear nothing, blame nothing, flee nothing,
so much as thy vices and sins.*

THOMAS À KEMPIS.

*Better to hunt in fields for health unbought,
Than fee the doctor for a nauseous draught,
The wise for cure on exercise depend ;
God never made His work for man to mend.*

JOHN DRYDEN.

*We shape ourselves the joy or fear
Of which the coming life is made,
And fill our future atmosphere
With sunshine or with shade.*

*The issue of the life to be
We weave with colours all our own,
And in the field of destiny
We reap what we have sown.*

WHITTIER.

VI

THE PREVENTABLE DISEASES OF CHILDHOOD

IN medical science the present is the age of prevention. This principle prevails pre-eminently with regard to the protection of childhood. No one entertains any doubt as to the importance of securing the prevention of disease in childhood, for 'if we would have noble trees in the forest we must take care of the shrubs in the nursery.' The shrubs of humanity, from the age of one year onwards to adolescence, are liable to be attacked by many affections more or less peculiar to themselves, and called children's diseases. Some of these are very serious, others are trivial and practically harmless; but all are preventable to a large extent. We can here only indicate some of the most common disorders of early life.

THE INFECTIOUS DISEASES OF CHILDHOOD

Measles.—This eruptive fever of 'the measles' is a very common and familiar one, and in very early life is most deadly. It occurs in outbreaks or epidemics, and is most fatal in the months of December and June. The mortality is greatest in the second year of life and falls more or less rapidly in each succeeding year. Sixty per cent. of the deaths occur during the

THE PREVENTABLE DISEASES

first two years of life, seventy-five per cent. in the first three, and upwards of ninety per cent. under five years. If we prevent a child from catching measles until it has reached *the age of five years* it will almost certainly recover, and in nearly every instance the disease will run a mild and uneventful course at or after this age. Measles causes more deaths each year than small-pox, typhus fever, typhoid fever, and diphtheria all added together. What are the causes of this high death-rate, and how can they be prevented? First and foremost is the fact that parents look upon measles as a trivial complaint. They are but little concerned, and give scant attention to it when it makes its appearance. No material progress will be made towards mitigating the ravages of this disease until parents awake to the fact that it is a deadly complaint. Again, little is attempted in the way of treatment, and the child suffering from measles is allowed to expose itself very unnecessarily to the vicissitudes of our variable and inclement climate, with the almost certain result that dangerous lung complications arise and frequently prove fatal. It is common knowledge that practically nothing is done in the direction of isolation. Children incubating the disease or suffering from it in an early stage, or only just recovered, are commonly allowed to mingle freely with others and, it is to be feared, in many cases are actually allowed to attend school. With attention to isolation and treatment in the early stage, and continued isolation while the disease is running its course and until it is safe for the child to mix again with others, measles might be rendered a far less dangerous disease and actually prevented to a considerable extent. Another point of importance is the early age at which many children of

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the poorer classes are sent to public schools and there contract the disease. So great an authority as Dr. A. Newsholme writes very strongly on this, and recommends that children should not be allowed to attend school under the age of five, or, better still, six years of age. Not only would this tend to prevent the spread of measles, but, as has been pointed out before, the disease at this age would be much less serious and would practically always end in recovery. Parents should make themselves acquainted with the early symptoms of measles, such as sneezing, watering of or running from the eyes and nose, an irritating and persistent cough, and shivering with cold. With such a combination of symptoms the child should be put to bed at once, and the family doctor consulted. With a reasonable amount of care and attention all should go well. The sick child must be strictly isolated, and no communication with other children must be permitted; if this cannot be attained, then removal to hospital is the best course. Under no circumstances should any child living in the house with a child suffering from measles be allowed to attend school or visit any place of public resort until permitted by the medical man in attendance.

Whooping-cough.—This painful and distressing affection is far too prevalent. It is a very fatal disease in early life. Like measles, whooping-cough is very common under two years of age, and ninety-six per cent. of the deaths caused by it occur under the age of five years. Running from the nose and bronchial catarrh and cough are early symptoms, and continue for a week or ten days before the characteristic cough is heard. During this early stage the disease is contagious, and in many cases no doubt the infection is spread long before the nature

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of the complaint is established. Here again public schools offer a fertile centre for the dissemination of the contagion of whooping-cough; and, as pointed out when speaking of measles, if children were kept from school until the age of six years, it is certain that many would escape the disease altogether, or contract it at an age when they would be much better able to withstand it. What has been said as to the prevention of measles applies with even greater force to whooping-cough, because, owing to the absence of a rash and the insidious onset of the symptoms, the disease cannot be identified definitely until many days after it has reached an infectious stage. One point, however, might be remembered with advantage, namely, that both measles and whooping-cough appear in epidemic form, and when either is known to be prevalent, any child presenting the symptoms of catarrh and cough should be isolated at once and school attendance stopped. This would limit the outbreaks of these diseases; but I fear the insistence upon school attendance, and the threat of the police-court if a child is kept from school, do not tend to help in this direction. I hope that what I have written will help to bring home to the minds of parents the dangerous nature of these two epidemic diseases.

Scarlet Fever, also known as scarlatina, is a familiar affection in these islands. It is highly infectious and contagious, and the means by which infection may be spread are almost endless. Actual contact with the sick is the most potent factor in the propagation of scarlatina, but it is not sufficiently recognized that the contagion may readily be carried by articles of clothing, or even by means of a letter to a friend. Every one has a wholesome dread and horror of this disease, which accounts

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for the prompt isolation now generally practised, and which in turn has reduced the number and frequency of epidemic outbreaks and brought about a milder and more benign type of the disease. Children under one year are comparatively rarely attacked, but from this age the incidence rapidly increases and reaches its maximum in the fifth year of life, after which it steadily decreases year by year. The disease is most severe and fatal in the second year. There is a double gain in shielding a child from infection during the first few years of life. Every year of escape after the fifth leaves the child less and less susceptible; and secondly, if attacked, every year the attack is postponed reduces the danger to life and the risk of complications which are always serious and may become chronic and permanently disabling. As a rule scarlatina is best treated in a hospital set apart for infectious diseases, and this is far the best method of attaining and maintaining efficient isolation.

Diphtheria.—This rightly dreaded affection is not so prevalent as it used to be, nor is it so fatal since the introduction of newer methods of treatment. Fifty-three per cent. of the deaths occur at ages under five years, and eighty-two per cent. under ten years. The microbe which causes the disease may be conveyed to the throat in milk, but probably the commonest method of infection is by contact with those suffering from the disease. Schools afford a favourable means of spreading diphtheria. Here children at the most susceptible age are brought into more or less close contact for some hours daily in usually an impure atmosphere. The towels, slates, pencils, &c., are often used by the children in common, and likely enough the drinking utensil at the

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fountain is the only one available. Sir Shirley Murphy has drawn attention to the fact that a marked increase in the number of cases of diphtheria in children of school age followed on compulsory elementary education. Nor is the danger limited to the mere spread of infection, for the aggregation of slight, and it may be unrecognizable, cases among susceptible children at school may bring about a much more virulent and infectious type of the disease. Among preventive measures, isolation and disinfection take first place. Doubtful cases should be kept apart and watched, and no child from an infected house should be allowed to attend school. Contacts—that is, those who have been in contact with a case of diphtheria—should be kept under supervision for a fortnight, and should have 500 units of diphtheria antitoxin administered as a preventive measure. If many cases have appeared in a school it should be closed for a short time, and disinfected thoroughly. The milk supply of the district should be subjected to searching examination, and rigid precautions must be taken in regard to households connected directly with the milk-trade. All insanitary conditions should be sought for and remedied.

VII

**TUBERCULOSIS
IN CHILDHOOD**

CLIVE RIVIERE, M.D., F.R.C.P.

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What civilization has caused, it is under the most solemn obligation to cure.

WOODS HUTCHINSON.

If the prevention of tuberculosis is to be effectively carried out, the general public must aid the physician and surgeon in the endeavour.

LORD LISTER.

I am not using the language of exaggeration when I say that no war ever waged by the human race has brought with it anything like the burden of misfortune which tuberculosis has, from time immemorial, carried with it to the people of the world. It is an enemy more ubiquitous, more insidious than any we have had to encounter in the open field ; and I think we all of us owe an immense debt to those whose researches have enabled them to assure us that the enemy is not, as we used to think, invincible, but that his approaches may be encountered ; that if he has defeated us hitherto because we have neglected obvious precautions, and resigned ourselves, almost with a feeling of despair, to submit to what we regarded as an inevitable scourge of the human race, we may yet hope to win in the fight which we are waging.

LORD LANSDOWNE.

VII

TUBERCULOSIS IN CHILDHOOD

TUBERCULOSIS is a germ disease, and is so widespread in civilized communities that very few reach adult age without some measure of infection. That we have survived in spite of this (and perhaps with increased powers making for protection) has depended upon : (1) the dose of the tubercle germ ; (2) the resistance offered by the body. The balance between these two factors decides the outcome of the battle in tuberculosis.

THE DOSE OF THE GERM

The germ of tuberculosis, the tubercle bacillus, is at present so widely scattered that nobody can be considered as beyond its reach. Our resistance, indeed, is probably fostered by learning to deal with the foe. What we can and must avoid is gross infection : doses of tubercle bacilli so great that they may overcome the natural resistance even of the strong. It is obvious that this may be considered from two different standpoints :—

(a) From the point of view of the *community* it is important that all cases of pulmonary tuberculosis, tuberculosis of the lungs, or phthisis, be notified, and that measures be then taken, so far as possible, to deal with the disease on two lines : first, the prompt treatment in sanatoria and special hospitals for consumptives

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of commencing cases; second, the prevention of more advanced cases from being a danger to the community. This last is a very difficult matter, since segregation during the course of so chronic a disease is wellnigh impossible, and we are reduced, in the main, to educational measures. These should be directed to instruction regarding the danger of indiscriminate spitting, the necessity for the collection and destruction of sputa, the value of fresh air and of the systematic cleaning and periodical disinfection of living-rooms, and the importance of institutional segregation for very advanced cases. In addition, bovine tuberculosis is believed by most to be a danger to children, and legislation directed to the improvement of the conditions in the collection, distribution, and storage of milk is urgently required in this country.

(b) From the point of view of the *individual*, the avoidance of gross infection mainly concerns the inmates of a consumptive's household. Close contact with tuberculous subjects can only be safe for *adults* when the greatest care is exercised in the avoidance of coughing without covering the mouth, in the most scrupulous personal cleanliness, the collection and destruction of sputa, the most thorough ventilation, and the use of a separate sleeping-room. For *young children* no measures will really protect, since their power of resistance during the first few years of life is a very doubtful quantity. All children in a consumptive's household must be considered potential cases of tuberculosis. With regard to infection from tuberculous cattle, it is certainly safest in all cases where children are delicate, or come of tuberculous stock, to boil the milk before using. For vigorous and healthy children it may be argued that

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their resistance is probably sufficient to withstand the dilute infection of an unboiled 'mixed milk' (such as is supplied by large dairies), and such resistance is fostered by being called into play.

THE RESISTANCE OFFERED BY THE BODY

The precise degree of resistance is an unknown quantity in any individual case, though such factors as age, family history, and race play a very important rôle. It must be our business in this respect to aim at increasing resistance so far as we know how to do this.

The resistance of the *community* to tuberculosis is increased by all measures which lead to increased prosperity and a diminution of poverty, and also by all teaching which tends to stir the national 'health conscience.' In this connexion such subjects as the value of abundant fresh air and sun and the doctrine of the open window, personal hygiene and the care of the teeth, the choice and preparation of food-stuffs, and the dangers of alcohol should be instilled into the public mind from earliest days. Personal ill-health should become a source of shame rather than of morbid congratulation, as it so often appears to be at present, and marriage of the phthisical and unfit should be discouraged or forbidden.

The resistance of the *individual* must be fostered by all such measures, whether positive or negative, as tend to the maintenance of physical well-being. Among the positive are fresh air, good feeding, and sufficiency of exercise, air, and games. On the negative side may be mentioned the avoidance of overwork, mental depression, abuse of tea, coffee, and alcohol, and of all which may be characterized as 'excess.' Those who come of

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tuberculous family, or children who have lived in a consumptive household, should be regarded as cases of potential tuberculosis, and, as such, should seek open-air lives and occupations, with the careful avoidance of all conditions which may lower physical health, and therewith resistance.

TUBERCULOSIS AND CHILDHOOD

It is of young children's lives that tuberculosis takes the greatest toll. Below the age of five years the resistance to infection is very imperfect, and the disease usually runs a rapid and fatal course. If a comparison of the deaths from this disease is made for different age-periods, the above-stated fact is very strikingly demonstrated.

*Deaths per million living at ages stated.
Average for 1903-7.*

| Under 5 years. | 5-20 years. | 20-40 years. | 40-60 years. | 60-80 years. | 80 years upwards. |
|----------------|-------------|--------------|--------------|--------------|-------------------|
| 3,788 | 766 | 1,970 | 3,313 | 2,313 | 977 |

This table shows clearly on the one hand how fatal is tuberculosis before school age is reached and, on the other hand, what a striking freedom from fatal tuberculosis is exhibited by the school child. This may be due, to a large extent, to the weeding out of the more susceptible during early life. At school age tuberculosis shows itself as a more chronic and curable disease, affecting most readily joints, bones, and glands; and even when the internal organs, as the chest glands or lungs, are involved, the chances of cure are by no means bad.

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THE RECOGNITION OF TUBERCULOSIS IN CHILDHOOD

There is no doubt that the most widespread symptom, and one which should always lead to investigation, is *wasting*. This is, however, by no means uncommon from other causes in children. During the first year of life tuberculosis is uncommon, and wasting is nearly always due to gastro-intestinal disturbance, generally the outcome of unsuitable feeding. Such cases are often popularly described as 'consumptive bowels,' but they bear no relation to tuberculosis. Among older children, also, improper feeding will often lead to wasting, and give rise to a suspicion of tuberculosis. In such cases the error often lies in feeding between meals, in excess of sweet and starchy foods, and disturbance due to such intestinal irritants as the much-trusted but perfidious currant, sultanas, raisins, and other dried fruits. It must be remembered that with the beginning of the second dentition at six or seven years, children normally lose much of the plumpness and roundness of early childhood. Still, all things considered, 'wasting' very commonly points to tuberculous trouble, and its occurrence should always be regarded with suspicion.

Tuberculosis may be conveniently divided into two categories, according to the locality of its onset, whether this is on the surface of the body or in the internal organs.

External Tuberculosis occurs mainly in children of early school age, and shows itself in many forms. The child is often plump and rosy, and it is only in later stages that wasting and general illness appear.

In Glands it generally appears in the neck as swellings of cherry-size or larger, fusing later into irregular masses, which soften and break through the skin.

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In Bone and Connective-tissue the disease appears commonly as painless abscesses about the body, or as red swellings over the bones of the hands or feet, which break and discharge, and tend to remain unhealed for many months and even years.

In Joints, mainly the hip (hip disease), ankle, or knee, it shows itself at first by pain on movement, then swelling, and lastly discharging sores round the joint.

All these conditions need skilled treatment, and this at the earliest possible stage.

Internal Tuberculosis.—*In Lungs and Chest Glands* it gives rise, as a rule, to wasting, cough, and sometimes fever and sweating. Too much reliance must not be placed on symptoms in chest tuberculosis; cough may be absent or slight, and the nutrition may appear excellent even in the late stages of consumption of the lungs in children.

In Abdominal Organs the disease shows itself in general wasting, accompanied by abdominal enlargement and, as a rule, pain. The child is usually dark under the eyes, and it is common for diarrhœa and constipation to alternate in these cases.

In the Brain it appears as *meningitis*, of which the prominent symptoms are pain in the head, vomiting, and often convulsions, followed later on by retraction of the head, squint, and unconsciousness. It may come on as the sequel to tuberculosis elsewhere, and be preceded by wasting, or it may be of unexpected onset in a child of normal health.

In cases of suspected tuberculosis of internal organs an *early* medical opinion should be sought, since it is only in the early stages that treatment is likely to achieve success.

TUBERCULOSIS IN CHILDHOOD

EDUCATION OF THE TUBERCULOUS

There is no doubt that the safety or danger of a tuberculous patient, both to himself and to those around him, is mainly in his own hands. On this account it will be seen how important a place special educational measures must take in the eradication of this disease from amongst us. Firstly, it must be recognized that the discharge from tuberculous areas is the sole danger, and this practically limits the dangerous cases to those of phthisis with sputum. Secondly, it must be understood, and the patient and his family assured, that the infectiousness of tuberculosis is not like that of other so-called 'infectious diseases,' and may, by proper precautions, be rendered negligible. The general lines on which this should be accomplished may now be mentioned.

To protect the patient from further infection he must be taught that it is dangerous to him to swallow his sputum ; he must, moreover, learn to control his cough as far as possible, and use it only as a means of expelling sputum when there is any to come.

To protect his friends (and incidentally also himself) he must always cover his mouth with a handkerchief when coughing ; the same handkerchief (which is best made of paper and burnt after use) should also be used to wipe the mouth after expectoration. Expectoration should always be made into a spit-cup (or a pocket-spittoon when going about), and this should be washed out, after emptying, in *boiling* water, to which soda has been added. It should be emptied in the water-closet or, failing this, burnt. If this latter also is impossible, it may be boiled. The patient and his whole household

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must get used to abundant fresh air and wide-open windows all the year round. Dust in the room and anything which catches the dust (especially excess of furniture) must be avoided ; and scrupulous cleanliness, especially of the floor, which should be washable, ensured.

The danger of infection in a consumptive's household especially begins when the patient is approaching the last stages. Owing to weakness and mental apathy, the measures recommended above become less and less observed, and it is especially in the later stages that institutional segregation is important.

THE PROTECTION OF CHILDREN

There is no doubt that the children in a tuberculous household are exposed to great danger. In the first place there may be a family predisposition to tubercle, and to this their early age adds a natural lack of resistance ; in the second place the risk of infection is especially grave for children owing to close contact in nursing, handling, kissing, &c., and the readiness with which all things find their way to the mouth of the young child. Such children should be regarded, as I have already remarked, as cases of potential or even latent tuberculosis, and all efforts should be made to increase their resistance before it is too late. Unfortunately it necessarily happens among the poor that food is especially scanty in the household at such a time of illness, and when poverty is added to predisposition and the tubercle bacillus the outlook is grave indeed. Good feeding and fresh air are the main requirements in such cases, and, if the family appears prone to this disease, removal to better surroundings and outdoor occupations may save to the community lives which would be otherwise forfeit.

VIII

ALCOHOLISM AND
CHILDHOOD

**G. BASIL PRICE, M.D., M.R.C.P.,
D.P.H.**

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the Study of Inebriety; Medical Adviser
to the London Missionary Society; Hon.
Physician, Mildmay Mission Hospital;
Vice-Principal, Livingstone College; late
Medical Registrar and Pathologist to the
Prince of Wales's Hospital, Tottenham*

*Oh that men should put an enemy in their
mouths, to steal away their brains!*

SHAKESPEARE.

*The sacred books of the ancient Persians
say—If you would be holy, instruct your
children, because all the good acts they
perform will be imputed to you.*

MONTESQUIEU.

*The child of the alcoholic mother is
often dying before it is born.*

A. PEARCE GOULD.

*The harmful effect of the alcoholic habit
on the nutrition of the offspring is a well-
established fact.*

A. R. CUSHNY.

*There is no doubt that alcohol, circulating
in the maternal blood, reaches the child, and
either injures its tissues and stops the
proper development of its cells or brings
about its death.*

GEORGE NEWMAN.

*Bad though liquor is to the child, penal-
izing as it is to the father, alcohol in the
mother, especially the expectant mother, is
one of the most serious tragedies that
society is confronted with.*

JOHN BURNS.

VIII

ALCOHOLISM AND CHILDHOOD

No serious study of childhood can afford to neglect the widespread influence of our drinking habits on the life of the coming race. The rapidly growing cells of the infant and young child are particularly susceptible to morbid conditions of all kinds. In the child, organic defects are occasioned by comparatively small quantities of alcohol. It is by no means rare to find boys and girls familiarized to the use of beer and wines, although the wines are of low potency and usually well watered. This custom of giving alcoholic beverages to children is so prevalent abroad, that at the recent International Congress on Alcoholism held in London, 1909, it was stated that the school children of Hungary were frequently found at school in a dazed condition due to the beverages taken at breakfast and during the dinner hour. Cirrhosis of the liver and other affections caused by drink are met with from time to time in children, and there is reason to believe that some of the mental backwardness occurring in school children is due, though possibly unsuspected, to toxic influence.

According to figures recently published regarding an investigation dealing with children attending some of the London County Council Schools, 40 per cent. of the children under eight years of age were said to drink

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alcohol more or less regularly. In one school of 300, 11·8 per cent. were said to drink alcohol daily, 34·1 per cent. occasionally, and 54 per cent. were 'Band of Hope,' but apparently even amongst these some occasionally indulged in alcoholic drinks.

Sir Victor Horsley, in an inquiry amongst the large secondary boys' schools of the United Kingdom, found that 72 per cent. were conducted as total abstinence schools; but in 28 per cent. there was a persistence of old customs, and alcoholic beverages were given to the boys. In one school 50 per cent. of the boys were given alcoholic beverages regularly, and all the boys on six saint-days in the year had the opportunity of indulging in alcohol.

Proof is conclusive that the plastic cells characteristic of the human organism during the earlier periods of life are strangely susceptible to the deteriorating influence of alcohol, and it seems probable that in after-life such poisoned elements never reach their fullest development.

The incident of infectious disease is also said to be greater amongst those children accustomed to the daily use of wines and other alcoholic beverages. This was exemplified by Prof. Demme of Zurich in his account of an epidemic of diphtheria occurring in the Jenner's Children's Hospital.

The brain and nervous system, perhaps beyond any of the organs, quickly manifest the effects of alcohol when introduced into the system of children, and Dr. Alexander MacNicholl, in his inquiry amongst the children of American schools, found that much of the weariness, mental inability, and failure in mental effects was due to alcohol supplied to children in their houses or elsewhere.

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DEFECTS IN CHILDHOOD DUE INDIRECTLY TO ALCOHOLISM

These defects may be epitomised by the term *Alcoholic Abiotrophy*, by which is indicated a congenital defect in the capacity and potentiality of the various tissue-cells to develop normally and fully, due to the influence of alcohol, acting through the parents. The growing embryo is nourished by the mother's blood, and is therefore exposed to and affected by any noxious influence present therein ; it is known that alcohol may be carried to the placenta, and must therefore affect the embryo. The influence of maternal conditions is the more important, though under certain conditions the paternal influence is the determining factor. Prof. Adami has recorded that in 32 cases of lead poisoning in men (the mothers being unaffected), their offspring showed increased mortality and sign of mental disease.

Dr. W. C. Sullivan, in his inquiry into the children of female drunkards, carefully selected so as to eliminate all other factors making for degeneracy, showed that of 600 children born of 120 female inebriates, 335, or 55·8 per cent., died under 2 years of age or were dead born, chiefly from convulsions ; comparing this mortality with the mortality in children born of sober mothers, the death-rate is nearly two and a half times greater than amongst children of sober stock.

There appears, also, as successive children are born to inebriate parents, to be a decrease in the vitality of these children ; the first born may be healthy, then come more or less defective children, who live beyond infancy, then still-births, and finally abortions. Maternal inebriety is peculiarly noxious to the vitality of offspring. The

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alcohol acts primarily on the mother, but also directly upon the developing embryo.

Among the many causes influential in the production of 'infantile marasmus, or wasting,' alcoholism in the mother must be definitely indicated as a common one.

The offspring of alcoholized mothers is often born apparently healthy, but shows little power of growth or power of assimilation of food. Lack of vitality, continual peevishness, dusky or earthy tinge of the skin, and gradual wasting, unaccompanied by any definite physical signs of disease, precede the final scene of convulsions, or inanition, the precursor of death. It is to this condition of want of vitality and retrogressive change in the infant so frequently following the history of maternal inebriety that the writer suggests the name of *alcoholic abiotrophy*.

Nor can the subject of parental inebriety and its effects on the offspring be left without reference to the very important relation it bears to the production of the *feeble-minded*. In 1901 Dr. MacNicholl studied the mental deficiency in school children for the New York Academy of Medicine. Fifty-five thousand school children were examined, and the parental habits as regards alcohol reported in over 20,000 cases, with the following results :

| Class of Child. | Number. | Dullards. |
|--------------------------------------|---------|--------------|
| Children with drinking parents . . | 6,624 | 53 per cent. |
| Children with abstaining parents . . | 13,523 | 10 „ |

The family history of 3,711 children was traced

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through *three* generations as to the taking of alcohol, with this result :

| Family. | Children proficient. | Children dullards. | Showing some neurosis or organic disease. |
|------------------------|----------------------|--------------------|---|
| Free of family taint . | 96 per cent. | 4 per cent. | 18 per cent. |
| With family taint . | 23 „ | 77 „ | 76 „ |

Many other figures could be quoted to show that drinkers' children are mentally and physically abnormal, and that the hereditary taint of drunkenness is of great frequency amongst inebriates, epileptics, idiots, and criminals.

In certain wine-growing districts of Austria it has been shown that the majority of imbeciles are conceived during the periods when most drinking takes place. 'The embryo of a drunken mother is practically another drunken person,' says Dr. Archdall Reid. If conception takes place during drunkenness, the child is often dead-born or perishes soon after birth, and the successive children of inebriate mothers frequently show a gradual decrease of vitality. Other inquiries have also shown that alcoholic parents often have more children per family, but a much greater proportion of miscarriages, premature labours, and still-born children. Enforced sobriety during imprisonment led to a favourable reinforcement of vitality of the infant organism, when earlier-born children had succumbed.

Many instances have been collected of the disastrous effects of bouts of drinking in the case of newly married couples, feeble or imbecile first-born children being the result.

ALCOHOLISM AND CHILDHOOD

MATERNAL INCAPACITY FOR NURSING

Prof. Bunge, of the University of Basle, claims to have satisfied himself that the following propositions are statements of fact: That the inability to nurse children is hereditary; that when this capacity for suckling is lost, the loss is irretrievable for coming generations; that the paternal influence in the causation of the hereditary incapacity of the daughters to nurse is most marked. In 78 per cent. of the cases where the mother could nurse, but the daughter could not, the father of the daughter was found to be in the habit of drinking excessively; in 42 per cent. of the cases he was a notorious drunkard.

ALCOHOLISM AND ACCIDENTS

Another fertile source of danger to infants through the maternal inebriate habits is that of 'overlaying or suffocation.' A much greater proportion of such cases takes place on Saturday nights than at any other time during the week.

The late Dr. Barnardo has shown in his reports that 85 per cent. of those admitted to his homes owed their dependent state to the drinking habits of their parents or other near relatives.

By the destruction of the bread-winner another cause of untold misery and sorrow is manifest. As Morel truly said, 'Whatever deteriorates the individual, deteriorates the race.'

IX
DEPENDENT
CHILDREN

FRANCES M. DICKINSON BERRY,
M.D., B.S.

*Assistant Medical Officer to the Education
Committee of the London County Council ;
Anaesthetist to the Royal Free Hospital
and Alexandra Hospital for Children*

Those who are unfamiliar with the biological point of view seem to find it difficult to bear in mind that organisms may evolve 'downwards' as well as 'upwards' in becoming fitter to given conditions.

J. ARTHUR THOMSON.

There is no sovereign remedy for degeneracy. Every method is curative which tends to decrease the fertility of the unfit and to emphasize that of the fit. We may find it difficult to define the socially fit, although physique and ability will carry us far ; but when we turn to the habitual criminal, the professional tramp, the tuberculous, the insane, the mentally defective, the alcoholic, the diseased from birth or from excess, there can be little doubt of their social unfitness. Here every remedy which tends to separate them from the community, every segregation which reduces their chances of parentage, is worthy of consideration. . . . Is not something more to be insisted upon with regard to the increase of good stock ? A clean body, a sound if slow mind, a vigorous and healthy stock, a numerous progeny—these factors were largely representative of the typical Englishman of the past, and we see to-day that one and all of these characteristics can be defended on scientific grounds ; they are essentials of an imperial race.

KARL PEARSON.

IX

DEPENDENT CHILDREN

Most dependent children suffer from some innate, developmental, or acquired defect; and these, broadly speaking, may be classified into (1) physical and (2) mental defects.

PHYSICALLY DEFECTIVE CHILDREN

Invalid Children are those who are the subjects of chronic disease, constitutionally debilitated, or frequently liable to ill health. Many are or have been afflicted with rickets. In some, malnutrition has arisen from neglect and long-continued under- or improper feeding. Sometimes debility results from measles or other acute infectious disease. Rheumatism and tuberculosis account for a large number of the cases of chronic disease in children, the former often producing permanent injury to the heart. Spinal caries and hip-disease, with consequent deformity and crippling, are among the most frequent manifestations of chronic tuberculosis.

Crippled Children are those permanently disabled to a greater or less extent. This crippling arises from the following: results of tuberculous disease, as in curvature of the spine, or stiff deformed joints; paralytic affections of various degrees, usually dating from infancy

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or early childhood ; deformities due to rickets in early life ; congenital deformities, as some forms of club foot ; and disablement due to injury, as the loss of a limb after an accident.

The Blind.—According to the Census of 1901, one in every 1,284 of the population is blind, one-sixth of these being blind from childhood. In over one-third of the cases in the London County Council schools for the blind, the blindness is said to be due to ophthalmia neonatorum, i.e. a purulent inflammation of the eye contracted at birth ; about one-fifth are congenital, and rather more than one-sixth are from eye-disease due to congenital syphilis. Besides those children who are reckoned blind, and are provided for accordingly, there are many others whose sight has been injured to a less degree by the same causes, and who are hindered thereby both in their school progress and in their subsequent careers. Many children also suffer from chronic inflammation of the eyes, which, though eventually cured, keeps them sometimes out of school for years, thereby causing them to lose a large portion of their education. The long duration of these cases is frequently due to neglect.

The Deaf.—Deafness, like blindness, may be congenital or acquired. In the London County Council schools for the deaf, according to the investigations of Mr. Macleod Yearsley, about half the cases are acquired and half are congenital (including in the latter cases those due to congenital syphilis). Among the congenital cases the influence of heredity is strongly marked, many children belonging to families with several deaf-mute members. Of the acquired cases a very large proportion are due to suppurative disease of the middle

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ear, in some cases preceded by measles or other acute disease. Besides those in the deaf schools, many children suffer from imperfect hearing to a less degree. Many of these have discharging ears; in some the deafness is due to, or accentuated by, the presence of adenoids.

Epileptics.—Heredity is more marked in epilepsy than in almost any other disease. It is not uncommon to find instances where all the children of an epileptic parent are subject to fits; and the family history of epileptics generally presents instances of insanity and of various nervous diseases considerably beyond the average. The fits frequently commence in early infancy; in this case they sometimes pass off to recur again later. The attacks vary in severity and frequency; they may take the form of convulsions and may last an hour or more, or they may be mere momentary attacks of derangement, termed 'petit mal.' Epilepsy may co-exist with normal intelligence, or with mental deficiency of various degrees. In both cases the disease not infrequently tends towards mental deterioration.

MENTALLY DEFECTIVE CHILDREN

Mentally defective children may be regarded as those in whom the development of the brain is incomplete, or has been prematurely arrested. They may be classified as idiots, imbeciles, or feeble-minded, according to the degree of defectiveness. The lowest-grade idiot is in a condition akin to that of the infant at birth, and may remain throughout life without the powers of speech, of locomotion, and lacking even in powers of recognition of persons. The higher-grade imbecile often chatters volubly, develops certain social instincts, and can receive

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a degree of instruction in various subjects; but he remains irresponsible, and without much faculty of reasoning.

Under the term of feeble-minded, as usually employed in England, are included those persons whose mental powers place them above the imbecile on the one hand, but below the normal individual on the other. This is a large group which has been almost ignored until recent times. In 1891 Dr. Francis Warner reported on the examination of 50,000 school children, and came to the conclusion that one per cent. suffered from mental defect to such a degree as to make them unable to profit by instruction in ordinary schools. Subsequent observers, both in this country and abroad, have found approximately the same proportion. These children form a group separated by no hard-and-fast lines from, on the one hand, the dull and backward individual who may yet be reckoned normal, and, on the other, from the higher-grade imbecile. In some the mental defect is general, in others it is specially marked in certain directions.

Moral Defectives form a special group of mentally defective children that appear to lack the power to develop a true sense of morality, lying and stealing habitually, and being intuitively drawn to various forms of immorality.

Some mentally defective children are able to attain fair proficiency in school subjects, but are characterized by childishness and irresponsibility, which will persist throughout life. Some, on the other hand, to whom the 'three R's' present insuperable difficulties, are of fair general intelligence as regards the matters of ordinary life, and can learn to perform various forms of manual work with skill. Mental deficiency, unless of a very severe type, is often difficult to diagnose in infancy.

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Backwardness in all processes, especially in learning to walk and talk, is usually found.

With regard to the causation of mental deficiency, heredity is certainly one of the most important factors. Parents of feeble-minded children are often themselves feeble-minded, and the family history frequently discloses other cases of feeble-mindedness, imbecility, insanity, or epilepsy. Further, any condition interfering seriously with nutrition either before birth or in infancy may cause retarded development—such as ill health of the mother during pregnancy, or rickets in the child. Alcoholism in either parent is also probably a cause.

A large proportion of children in the schools for the mentally defective come from the lowest strata of the population. Mental defectiveness, however, occurs in all ranks of society.

In a few cases, mental defect is not due to arrested development, but to disease at a later age; it may date from an injury to the head, an attack of meningitis, or follow epileptic fits.

THE CARE AND CONTROL OF DEFECTIVE CHILDREN

A consideration of the causation of defectiveness shows that a large amount of dependency and defectiveness is preventable. A more general recognition of the evils which result from the marriage of defectives (especially of deaf-mutes, the epileptic, and the feeble-minded), and an increased sense of paternal and maternal responsibility throughout the community would do something to arrest the spread of these conditions. The Royal Commission on the Feeble-minded reports strongly

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in favour of segregation, and some legislation in this direction cannot be long delayed.

Rickets, the cause of many deformities and much permanent defect, is a preventable disease, being due to improper feeding, and, in its severer forms, almost entirely confined to infants fed artificially. Breast feeding and a sufficiency of good milk in early childhood are the best preventives.

Blindness, as it exists at present, is largely preventable, especially that due to ophthalmia in the newly born. A more general knowledge, both in mothers and midwives, of the danger of pre-existing vaginal discharge, and the recognition that signs of eye inflammation in the infant demand prompt medical attention, would do much to diminish the frequency of the disease.

Deafness might be greatly lessened. The report of the chief medical officer of the Board of Education states that one in sixty of all school children are found to be suffering from 'running ears,' with more or less defective hearing. This state of things is probably due partly to home neglect and partly to the fact that there is at present no adequate provision for the medical treatment of these cases.

THE EDUCATION OF DEFECTIVE CHILDREN

The provision of education suitable to the needs and capacity of the various classes of defective children has played an important part in recent educational developments.

By the Elementary Education (Defective and Epileptic Children) Act of 1899, educational authorities were em-

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powered, but not obliged, to provide special education for children who, 'by reason of mental or physical defect, are incapable of receiving proper benefit from the ordinary Public Elementary Schools.' By subsequent legislation the provision of education for blind and deaf, who are not mentally defective, is rendered obligatory, and educational authorities are enabled to carry on further the education of defectives by scholarships or other means. By 1906, eighty-seven educational authorities had adopted the Defective and Epileptic Children Act.

The blind and deaf are probably the best provided for throughout the country; there are both day and residential schools under educational authorities, as well as voluntary institutions, in some cases combined with industrial undertakings.

Day schools for invalid children and cripples have been provided by some educational authorities—those, for instance, of London, Manchester, and Liverpool. The children are conveyed in ambulances to these schools; there is generally a nurse in charge, and a mid-day meal is usually provided. Open-air schools have been started recently in several parts of the country. The first was opened in 1907 by the London County Council at Bostall Wood, Plumstead. The children received in these have been largely cases of general debility, or incipient lung trouble. Great benefit has been derived from them.

Epileptics are best treated in residential institutions, where they can both receive education and be under medical supervision. At home epileptics are the source of much disturbance owing to the fits, and also because such patients are often liable to transient attacks of aberra-

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tion, which may be of dangerous tendency. Epileptics are in but few cases suitable to attend either the ordinary elementary schools or the schools for the mentally defective. They are a class for whom more provision is urgently required. In 1906 it was estimated that in London eighty-five per cent. of epileptic children were without educational provision, and no adequate scheme has yet been set on foot. There are schools for epileptics at the Maghull Institution, Liverpool; the Lingfield Colony, Surrey; at Starthwaite, Great Warford, Cheshire; and Much Hadham, Herts.

The mentally defective require special provision. It may be said that children of all grades of mental defect are improvable, but practically none are wholly curable. For low-grade cases who can be certified as idiots or imbeciles, removal to such a certified institution as Darenth Asylum is the best course. In some homes, however, an idiot child is the object of much affection; under such circumstances there is little reason to interfere; but in others it is an intolerable burden, and when, as is sometimes the case, it is allowed to wander about, it becomes a danger to itself and others.

Schools are provided by many education authorities for children with less mental defect, to which they are admitted on the certificate of a medical practitioner approved by the Board of Education. The classes in these schools are small, the subjects are taught by methods suitable to the mentally defective, and manual work forms an important part of the curriculum. All districts are, however, not provided for. According to the report of the Royal Commission on the Feeble-minded issued in 1908, these schools are all in urban centres, and are chiefly clustered in a few very large towns.

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THE FUTURE OF DEFECTIVE CHILDREN

The number of defective children who die before adult life is reached is large in all classes. Those who survive—and these are the majority—will probably be handicapped to a greater or less extent in their wage-earning capacity. Among the *physically defective*, cases of old hip and knee disease, minor degrees of paralysis, and of lesser deformity, are often comparatively little interfered with in after life. On the other hand, cases of severe paralysis, of extreme deformity, of health enfeebled by old lung or heart trouble, are, at the best, only able to do special kinds of work, and are never likely to be self-supporting. After-care committees, by helping children on leaving school to obtain suitable work, and keeping in touch with them afterwards, do very useful work. Epileptics, even when good workers and in good general health, find it very difficult to obtain or retain employment. Colonies with workshops for adults are of great value for epileptics.

With regard to the blind and deaf, the latter seem to do better than the former in obtaining employment; possibly this is because they have a better after-care organization.

The mentally defective offer a serious problem. Estimates vary considerably as to what proportion of the mentally defective children educated in defective schools become self-supporting. It is extremely difficult to obtain reliable statistics, as a large number belong to a constantly drifting part of the population. Roughly speaking, it is probably not far wrong to say that, of the children admitted to special schools, about one-third may be expected to earn their living satisfactorily,

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another third will earn a partial livelihood, and the remainder will be practically wholly dependent.

A large number of those who obtain work lose it later—they can get boys' wages, and boys' work, but not men's. They drift into the ranks of the unemployed, and many also into workhouses and jails. According to the report of the Royal Commission, 'the Special School, by itself, is largely unserviceable from the point of view of the after life of the child. The feeble-minded child can in the main become only a feeble-minded adult, educated into a rather better routine of thought and habit.'

NATIONAL CONSIDERATIONS

We may conclude that, from a Christian and humanitarian point of view, it is the duty of the community to help the defective children, and to enable them to develop to the maximum such powers as they have, both for their own good and that of the State. Expenditure on the education of all classes of defectives is largely wasted, unless supplemented by efficient after-care organization. The tendency of modern civilization is to counteract to a certain extent the law of nature with regard to the elimination of the unfit, by keeping alive many who, under ruder conditions, would have perished. Measures are undoubtedly called for which would restrict the present liberty of defectives to hand on their defects to succeeding generations

X

PREVENTION
OF CRUELTY TO
CHILDREN

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Not failure, but low aim is crime.

LOWELL.

The Golden Age is not behind, but before us.

ST. SIMON.

Deeds are love, not sweet words.

SPANISH PROVERB.

*Against stupidity the Gods themselves are
powerless.*

SCHILLER.

*How poor are they that have not patience ;
What wound did ever heal but by degrees ?*

SHAKESPEARE.

*That which is done can be estimated ;
Not that which is being resisted.*

DEAN STANLEY.

*It is one thing to see a line is crooked ;
Another to draw it straight.*

RICHARD SHARPE.

*A simple child
That lightly draws its breath,
And feels its life in every limb,
What should it know of death ?*

WORDSWORTH.

X

PREVENTION OF CRUELTY TO CHILDREN

BROADLY speaking, it may be said that cruelty to children is the result of *ignorance, circumstance, or vice*. Frequently all are combined.

THE CRUELTY OF IGNORANCE

In its ultimate effect on the welfare of the human race, the cruelty of ignorance is probably the most serious. Through improper feeding and general mismanagement many thousands of infants die annually. An even larger number, after passing through untold sufferings as children, arrive at manhood handicapped thereby in various degrees for the performance of their life's work. In this country one infant in every seven dies before completing its first year of life, and at least 50,000 infants perish every year from preventable diseases, largely the outcome of ignorance. During the last 40 years, as a result of improved sanitation and public health, there has been a remarkable fall in the total death-rate of the country, but until recently no corresponding decline in the infant death-rate has occurred. The persistently high death-rate among young children is due principally to improper feeding on artificial

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foods instead of natural food, the mother's milk. It cannot be denied that the improper and insufficient feeding of infants and young children—resulting as it does in such an enormous mortality, and also in permanent injury to the health of very many who survive—is a distinct form of cruelty; and though it is in the great majority of cases the outcome of ignorance rather than of indifference or wilful neglect, and is, therefore, difficult to deal with as legal cruelty, it is essential to the well-being of the State that no efforts should be spared to prevent it.

After infancy the cruelty of ignorance is notably exemplified by neglect of eyes, teeth, and general hygiene, leading also to impaired health in after years and to the production of men and women of weak physique and poor constitution. By the medical inspection of school children—a duty recently imposed on education authorities—much may be done to enlighten parents as to the dangers of such neglect and to compel them to provide the necessary medical aid for their children.¹

THE CRUELTY OF CIRCUMSTANCE

As examples of cruelty dependent on circumstance may be mentioned the employment of married women and children, and their overcrowding and underfeeding in insanitary dwellings. When the mother is engaged for many hours a day in a mill, factory, or other form of industrial occupation, not only must pre-natal conditions be unsatisfactory and the well-being of the infant after birth be

¹ See DR. GEORGE NEWMAN's recently issued *Annual Report for 1908 of the Chief Medical Officer of the Board of Education* [Cd. 4986]. London: Wyman & Sons, Ltd. 1910. 8½d.

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prejudiced, but the child as it grows up largely loses the benefit of proper home conditions and is deprived of a mother's influence and lacks discipline, even if it is not actually neglected. The remedy is the restriction of married women's labour as far as possible. In the highest interest of the State it is most important that no woman should be allowed to go to work for at least three months before and six months after the birth of her child.

The employment of children has, in the past, proved seriously detrimental to the bodily health and mental and moral well-being of our people. Even within the life of the present generation, the child worker was subject to serious cruelty, owing to excessive hours of labour from early childhood, often under insanitary conditions, and not infrequently in connexion with dangerous trades. Although, as the result of legislation, the employment of children has been very largely restricted, especially in factories and workshops, and is not now permitted between the hours of 9 p.m. and 6 a.m., there is not the slightest doubt that many children, especially in London and other large industrial centres, are still subjected to considerable cruelty in being compelled to engage in home-work for long periods both before and after school hours. Legislation is needed to deal with this evil, and under no circumstances should the employment in factories and workshops of children under 14 years of age be permitted.

The ill-health and disease which attack many children living in overcrowded and insanitary houses constitute a serious form of cruelty which parents are often unable to prevent, but which it is hoped an enlightened public opinion and wise legislation will very largely remedy. Of course, the cruelty of circumstance may be the result of

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the evil habits of the parents—intemperance, gambling, extravagance, and idleness—but it then becomes neglect, and those responsible for it can be dealt with and often punished.

Poverty also, which frequently exists through no fault of the parents, inflicts cruel wrongs on the child in many ways, and more especially in that it leads to suffering from want of the food necessary for proper growth and essential for mental development. Of late years there has been an increasing recognition of the absurdity and cruelty of endeavouring to teach hungry and insufficiently fed children in our elementary schools, and this enlightenment of opinion has resulted in the passing of an Act of Parliament authorizing Education Authorities to provide meals for such children, and power is now given to recover the cost from the parents. Good results have followed the adoption of the Act in localities where distress and poverty have resulted from trade depression.

THE CRUELTY OF VICE

Active ill-treatment and neglect by vicious and indifferent parents are the most obvious forms of child-cruelty, and most strongly appeal to human sympathy. In the majority of cases the cause is alcoholism in one or both parents, and it is generally admitted that nothing so surely destroys the comfort of the home, blunts the parental affections, and brutalizes the individual as indulgence in drink. It results frequently not only in neglect and ill-treatment of the child from its birth upwards, but the offspring of intemperate parents, especially when the mother is at fault, are often weakly

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and debilitated, and if they do not die in infancy, are frequently permanently handicapped throughout life. Apart from intemperance, however, some parents are naturally cruel or indifferent to their children's welfare; while others, from sordid motives of gain, have practised cruelty of the grossest description, which, in many instances, has ended in the death of the child. Then again, what cruelty is suggested in the enormous mortality among illegitimate children, whose presence in the world is a reproach and a burden to their parents!

CRUELTY AND STATE ACTION

The State, until a comparatively recent period, paid little attention to the needs of children, except indirectly by insisting on some degree of education and by limiting employment under certain conditions. It was not until 1889 that the first Act for the Prevention of Cruelty to Children was passed, but since then the law has been strengthened by similar Acts passed in 1894 and 1904; while in 1909 the Children Act, which consolidated the law relative to child cruelty and extended it in many important particulars, came into force. Under that Act it is now an offence on the part of parents or guardians to fail to provide food, clothing, medical aid, or lodgings for a child; to cause the death of a child by overlaying; to expose a child under seven years of age to the danger of burning or scalding; to give intoxicating liquor to a child under five years of age; to allow a child to be in the bar of any licensed premises; to allow a child under fourteen years of age to beg or be in charge of drunken parents; while the strengthening of the law as to infant life protection, the further restriction of the baby farmer,

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the removal of children from immoral surroundings, and the establishment of children's Courts—which matters are dealt with in the Act and have been advocated for many years by those who have actively interested themselves in the prevention of cruelty—all tend to enforce parental responsibility.

By an Act passed in 1901, the limitations on the employment of child labour in factories and workshops were greatly enlarged. The passing of the Employment of Children Act in 1903 imposed further general restrictions on the employment of children, and gave power to local authorities to make by-laws for the purpose. Indirectly also the action of the State with regard to insanitary dwellings, compulsory education, and the promotion of temperance has, of late years, done much towards remedying the wrongs of children, and is likely to be even more effective in the future.

The Notification of Births Act, which was passed in 1907, and enables sanitary authorities to obtain early information as to births, will, if properly administered, prove a most valuable instrument for the reduction of our high infant death-rate and the prevention of infant cruelty.

THE ARREST OF CRUELTY

No sustained effort was made to arouse public interest in the subject until 1884, when, through the efforts of the Rev. Benjamin Waugh, a society was formed which ultimately obtained a Royal Charter, and is now known as the National Society for the Prevention of Cruelty to Children. The extent of the society's work may be gathered from the fact that in 1909 it had established 192 branches, with 1,277 centres of work, and 226

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whole-time inspectors; that the number of cases investigated during 1908-9 exceeded 50,000, and that of these over 96 per cent. were found to be true cases of cruelty, including 43,077 of neglect, 3,646 of ill-treatment, 838 of moral wrongs, 811 of causing to beg, 654 of exposure, 243 of abandonment, and 7 of manslaughter. The secret of the success of the National Society for the Prevention of Cruelty to Children is its recognition of the fact that the prevention of child-cruelty is dependent on the reform of the individual and the home, and in this respect it differs from other societies founded for the protection of children, whose valuable work, as a rule, ends with the rescue of the child, and practically leaves untouched the cause of its unhappy surroundings. The guiding policy of the National Society is constructive and educative rather than punitive. This is shown by the fact that 86 per cent. of the cases investigated are satisfactorily dealt with by warnings and supervision, and that prosecutions were undertaken in only 4·8 per cent. of the cases during 1908-9. It can truly be said that the Prevention of Cruelty to Children Acts were the direct result of the public interest aroused by the society's work, and the administration of these Acts, and of the provisions of the Children Act relating to the prevention of cruelty, is now almost entirely left in the hands of the society by the police. The Government has not only entrusted the society with the inspection of houses and institutions in which children are kept, and which are wholly or partly maintained by voluntary contributions, but has amended the Rules of Court under the Workmen's Compensation Act, 1907, so that in cases where the interests of the children in awards may be prejudiced, the society may

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apply to the Court to receive and administer any sums to which the children may be entitled, so that the full benefits of the money may be secured for them. In many other ways the society is showing its interest in the welfare of the children—e.g. by distributing pamphlets giving sound directions as to the feeding and management of infants, the treatment of verminous conditions, and the application of first aid.

The society has proved itself to be 'The Champion of the Child,' for almost alone it has insisted on the right of the child to proper treatment, and has rendered happier the homes of many thousands of our population. Although the society is engaged in a national work, it receives no State aid, but is dependent on the support of the general public, its funds being entirely derived from voluntary subscriptions, and in the interests of suffering childhood it is to be hoped that such support will never be withdrawn.

Indirectly the knowledge of the existence of the society and the presence of the society's inspectors in all our populous districts act as a deterrent to many brutal and neglectful parents as regards the ill-treatment of their children. Indirectly also, any action which tends to prevent or check alcoholic excess, which is the most fruitful cause of child-cruelty, will lead to the arrest of cruelty; and in this respect much may be hoped for as a result of the teaching of temperance in our schools, the provision of healthier and more comfortable dwellings, the reduction in the number of licensed houses, and the provision of increased facilities for the healthy recreation of our industrial population, including playgrounds for our children.

XI

LEGAL PROTECTION
OF CHILDHOOD

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To prevent is better than to punish.

MARIA EDGEWORTH.

*'Tis not good that children should know
any wickedness.*

SHAKESPEARE.

*The best place for a child is with its
parent.*

LORD ESHER.

*Oh, there's nothing on earth half so holy as
the innocent heart of a child.*

CHARLES DICKENS.

*It is a happy augury for the future that
so much energy is being displayed in pro-
tecting and building up the lives of our
young citizens.*

SIR MELVILLE BEACHCROFT.

*The literature of the poor, the feelings of
the child, the philosophy of the street, the
meaning of the household life, are the
topics of the time. It is a great stride. It
is a sign, is it not ? of new vigour, when
the extremities are made active, when
currents of warm life run into the hands
and feet.*

EMERSON.

XI

LEGAL PROTECTION OF CHILDHOOD

LESS than one hundred years ago, in this country, children of only five years of age were working like beasts of burden in sunless mines, drawing coal-trucks by means of chains fastened round their little bodies, and subjected to unspeakable cruelties ; but to-day the helpless little ones are protected in all possible ways by the strong, just, and far-searching arms of the Law. In the following paragraphs it is proposed to summarize the chief of the statutes which now provide adequate powers for the protection of child life.

THE CHILDREN ACT, 1908

This enactment, happily termed the children's *Magna Charta*, has codified many previous statutes relating to the protection of child life. Unless otherwise stated in the context, the expression ' infant ' in the Act means a person under the age of seven, the expression ' child ' a person under fourteen, and the expression ' young person ' one who is fourteen but under sixteen.

Part I treats of *Infant Life Protection*, and has been dealt with in a former volume of this series.¹

¹ See the late Dr. Stanley B. Atkinson's ' Law and Infant Life,' p. 103 in the *Infancy* volume of ' The National Health Manuals.'

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Part II deals with the *Prevention of Cruelty to Children and Young Persons*. By sect. 12, heavy penalties are incurred by any person over sixteen who has the custody or care of any child or young person and allows it to be ill-treated or neglected, or its health to be injured ; still heavier penalties await the convicted person if it appears that he or she was interested in an insurance upon the child's life (sub-sect. 5). A fine of £25 and three months' imprisonment is the liability incurred by a person who allows a child or young person in their care to be in the streets for the purpose of begging ; and, if the prosecution prove that the child was in fact in the street, the onus lies on the defendant to prove that he or she did not allow it to be there (sect. 14). By sects. 16, 17, and 18, provision is made for the punishment of persons who allow children and young persons to be in brothels, or who favour the seduction or prostitution of a young girl, and for giving Courts of Summary Jurisdiction power to bind the parent or guardian with recognizances to exercise due care and supervision in respect of the girl. Subsequent sections deal with the arrest of offenders, the powers of justices as to the detention of a child or young person in a place of safety pending proceedings before a Court, and the disposal of the child by order of the Court. The Secretary of State is given power to appoint inspectors to visit institutions for the reception of poor children or young persons supported wholly or partly by voluntary contributions, and not hitherto liable to Government inspection ; a refusal to allow any person so appointed to enter the institution makes the person so obstructing liable to a fine of £5 ; where practicable the inspector to any particular religious denomination

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shall be of that denomination, if so desired by the managers; and where an institution is solely for the reception of girls, a woman may be appointed inspector (sect. 25). Subsequent sections deal with evidence and procedure. Children may be allowed to give evidence *not* on oath, but with the proviso that such testimony must be corroborated by some other material evidence before a person implicated can be convicted (sect. 30). A Board of Guardians has power to institute proceedings under the Act (sect. 34). The right of any parent, teacher, or other person having the lawful control or charge of a child to administer punishment to such child is still reserved (sect. 37).

Part III deals with *Juvenile Smoking*, and penalizes any person selling cigarettes or cigarette-papers to a person apparently under the age of sixteen, whether for his own use or not (sect. 39). This prohibition equally applies to the sale of tobacco and smoking-mixtures; but a seller is not to be deemed guilty if he did not know, and had no reason to believe, that it was for the use of the child (sect. 43). Either a constable or park-keeper, if he be in uniform, may seize any cigarettes or cigarette-papers in the possession of a person apparently under sixteen, and, if a boy, may search him (sect. 40). Care must be taken that automatic machines selling cigarettes are kept from extensive use by children and young persons (sect. 41); but child-employés of manufacturers or dealers in tobacco in possession of the forbidden weed are exempt when employed for their masters' business, and so are messenger-boys if in uniform (sect. 42).

Part IV provides for *Reformatory and Industrial Schools*, and details the mode of sending youthful

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offenders and children to them. Children under fourteen found begging ; wandering, without visible means of subsistence ; destitute, whose parents are in prison ; under the care of a parent or guardian whose criminal and drunken habits render them unfit to have their care ; frequenting the company of any reputed thief or of a common prostitute ; or residing in the house of a common prostitute,—may be sent to a certified industrial school (sect. 58). No child may be sent to an industrial school for a period extending beyond the age of sixteen ; but a youthful offender may be sent to a reformatory school till nineteen (sect. 65). Ample provision is made for dealing with the religious persuasion of a child and youthful offender (sect. 66). Other sections provide for the subsequent supervision of youthful offenders and children after the expiration of the detention period, and for penalties for non-observance of the rules of the schools. Parents and other persons liable to maintain children or youthful offenders sent to certified schools may be ordered to pay a weekly sum towards their maintenance (sect. 75). The establishment of day industrial schools is also provided for (sect. 77), and a parent may be ordered to contribute a sum towards the child's industrial training and meals (sect. 82).

Part V treats of *Juvenile Offenders*. The police are to release a person apparently under sixteen who cannot be brought forthwith before a Court of Summary Jurisdiction, on the parent or guardian entering into a sufficient recognizance to secure his attendance, unless the charge is one of homicide or other grave crime, or unless it is necessary in his own interests to remove him from association with any reputed criminal or prostitute,

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or unless the police officer believes that the release of such a person would defeat the ends of justice (sect. 94). If a child or young person is not released, he must be kept in a place of detention provided for under the Act (sect. 95). As far as practicable the police are to prevent children or young persons detained, from associating with adults charged with offences (sect. 96). Parents or guardians of children or young persons charged can be made to attend the court (sect. 98), and may be ordered to pay the fine, damages, or costs adjudged against the children (sect. 99). No conviction of a child or young person is to be regarded as a conviction of felony, with the disqualifications attaching thereto (sect. 100). No child is to be sentenced to imprisonment, or committed to prison in default of payment of a fine (£2 maximum by a Court of Summary Jurisdiction), damages, or costs. No young person is to be sentenced to a term of penal servitude for any offence, and neither sentenced to imprisonment for an offence nor committed to prison in default of payment of fine, damages, or costs, unless the Court certifies that the young person is so unruly a character, or is of so depraved a character, as to be unfit for a place of detention as provided by this Act (sect. 102). No sentence of death is to be pronounced on or recorded against a child or young person (sect. 103). Further sections treat fully of the methods to be adopted with children and young persons after conviction. Provision is made for Juvenile Courts, to hear charges against children and young persons, from which are to be excluded all persons not immediately interested (sect. 111).

Part VI is concerned with *Miscellaneous and General Matters*. The court can be cleared while a child or

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young person is giving evidence in relation to offences against morality and decency (sect. 114). No child (save an infant in arms) is to be allowed in court during the trial of any person, unless he or she is the person charged or giving evidence (sect. 115). Dealers in scrap metal, broken metal, and old or defaced metal goods, are liable to a fine of £5 if they purchase such metal from persons apparently under sixteen (sect. 116). Pawnbrokers are guilty of an offence if they take an article in pawn from any person apparently under fourteen (sect. 117). Persons habitually wandering from place to place, and thereby preventing children receiving elementary education, are liable to a fine of £1, and shall be deemed not to be exercising proper guardianship (sect. 118). A licence-holder is not to allow a child under fourteen to be in the bar of licensed premises (except during the hours of closing) ; but his children, or those resident there, are allowed to go through if there are no other means of access or egress (sect. 120). If over 100 children are present at an entertainment where access to any part of the building is by stairs, the provider of the entertainment must take care to arrange for a sufficient number of properly instructed adult attendants to regulate the admission of children or others to such part (sect. 121). The local education authority is given power to deal effectively with verminous children and their parents (sect. 122). Finally, there is the salutary power given to a Court of Summary Jurisdiction who has removed a child or young person from the care of any person entitled under any trust to receive any sum of money in respect of the maintenance of the child or young person, to order the whole or any part of the money payable under the trust, to be paid to

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the person to whose care the child or young person has been committed (sect. 127).

DELINQUENTS AND JUVENILE COURTS

Though by the Children Act, 1908, courts for juvenile offenders are to be provided all through the country, the system of removing young children from pernicious influences, which undoubtedly tend to the development of hardened criminals, has been in vogue for some years. The city of Toronto, in Canada, conceived the idea in 1894, while America followed in 1899 with a court at Chicago. Birmingham led the way in this country, the first court being held on April 13, 1905. In that year 632 cases were heard; in 1906 687 cases came before the court, including fifteen children re-charged; in 1907 the number of cases rose to 755, with 16 re-charge cases; in 1908 the cases numbered 872, with 31 children re-charged; while in 1909 there were 788 cases, including 64 children previously charged. Youthful offenders who had failed to take advantage of the warning and advice when first before the court were severely dealt with, being either sent to industrial schools or reformatories. The majority of the juvenile offenders were brought before the court on summons, their parents or guardians being told to appear at the same time. The probation officers, whose duties require great patience and tact, do not necessarily belong to the police force. Distinguished representatives from Budapest, Stockholm, Vienna, New Zealand, Japan, Germany, and Holland have visited the midland city to study the methods which have been employed

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there so successfully. Cities and towns in England might well copy.¹

OFFENCES AGAINST THE PERSON ACT, 1861

Any person abducting a girl under sixteen is liable to two years' imprisonment (sect. 55); and, for stealing a child under fourteen, any person is liable to seven years' penal servitude or two years' imprisonment (sect. 56).

CHILDREN'S DANGEROUS PERFORMANCES ACTS, 1879 AND 1897

Any person causing a boy under sixteen or a girl under eighteen to take part in any public exhibition or performance whereby the life or limbs of such child are

¹ My grateful acknowledgement is due to Mr. Herbert Willison, of Birmingham, for supplying the data above referred to. For a more detailed examination of results, social workers should peruse the justices' reports of the proceedings of the Children's Court since its commencement in 1905. For the purpose of the Children's Courts provided under the Children Act, the London district has been parcelled into six divisions. These courts came into existence on January 1, 1910.

Children's Court.

Cases from

| | |
|------------------|--|
| Bow Street . . | Bow Street and Marlborough Street. |
| Clerkenwell . . | Clerkenwell and Marylebone. |
| Tower Bridge . . | Tower Bridge and Lambeth. |
| Westminster . . | Westminster, South-Western, and West London. |
| Old Street . . | Old Street, Thames, and North London. |
| Greenwich . . | Greenwich and Woolwich. |

Tuesday and Friday are the days for children's cases, and the general public are excluded. Children are not to be brought into contact with adult prisoners, are not to be put into the cells, and are to be released on bail of the parent or friend at the earliest possible moment after being charged.

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endangered is liable to a fine of £10 ; and, should any such child have an accident causing actual bodily harm in the course of such a performance, the employer is liable to be indicted for an assault, and, on conviction, may be ordered to pay compensation not exceeding £20.

CRIMINAL LAW AMENDMENT ACT, 1885

Under the provisions of this Act persons guilty of procuration and defilement of young girls can be dealt with, and proceedings for the suppression of brothels taken.

PREVENTION OF CRUELTY TO CHILDREN ACT, 1904

A person is liable to a fine of £25, with the addition of three months' imprisonment, (1) for causing or procuring a boy under fourteen or a girl under sixteen to be in any street or in any premises licensed for the sale of intoxicating liquor, other than premises licensed for public entertainments, for the purpose of singing, playing, or performing, or being exhibited for profit, or offering anything for sale, between 9 p.m. and 6 a.m. ; or (2) for causing or procuring any child under eleven to be for similar purposes in any street or in any premises licensed for the sale of intoxicating liquor, or in any premises licensed for public entertainment ; or, (3) for causing or procuring any child under sixteen to be in any place for the purpose of being trained as an acrobat, contortionist, or circus-performer, or for any exhibition which in its nature is dangerous. An occasional sale or entertainment, the net proceeds of which are wholly applied for the benefit of any school, or to any charitable object, if held on premises other than those licensed for the sale of liquor, is exempted ; and a special exemption can be obtained from two justices (sect. 2). But a Petty

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Sessional Court may grant a licence, with such conditions and restrictions as it may deem fit, to any child over ten to take part in any such entertainments in premises licensed according to law for public entertainments or to be trained as aforesaid. It is necessary for any person applying for such a licence to give at least seven days' notice to the chief officer of police for the district before making the application (sect. 3).

EMPLOYMENT OF CHILDREN ACT, 1903

This Act gives local authorities power to make by-laws regulating the employment of children, and street trading by persons under sixteen. No child under fourteen is to be employed between the hours of 9 p.m. and 6 a.m. ; but a local authority may vary these hours, either generally or for any specified occupation, and a licence may be obtained for any child over ten (*vide* sect. 3 of Prevention of Cruelty to Children Act, 1904, *supra*). No child under the age of eleven is to be employed in street trading. No child is to be employed to lift, carry, or move anything so heavy as to be likely to cause injury to the child, nor in any occupation likely to be injurious to his life, limb, health, or education, regard being had to his physical condition.

PROBATION OF OFFENDERS ACT, 1907

This enactment permits Courts to release offenders without punishment and place them under the supervision of properly appointed probation officers. Failure to conform to the conditions attaching to the probation order renders offenders liable to be sentenced for the original offence.

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PREVENTION OF CRIME ACT, 1908

One of the purposes of this act is to provide for the reformation of young offenders. By section 1 it is enacted that a person, not less than sixteen nor more than twenty-one, who should, by reason of his criminal habits or tendencies, be detained for some time in order to be instructed and disciplined with a view to his reformation, can be sent to a Borstal institution for a term not less than one year nor more than three years. These institutions were in being before the passing of the Act, and had considerably benefited young males by teaching them trades, which they could follow at the end of their period of incarceration.

Section 2 enables a Court of Summary Jurisdiction to sentence to detention in a Borstal institution, for a term not less than one year nor more than three years, a youthful offender who, on indictment, has been sent to a reformatory school and who is guilty of committing a breach of the school rules, or of inciting to such a breach, or of escaping from such a school. It may well be thought that this principle might be extended, for in no other case can a Court of Summary Jurisdiction send youthful offenders to Borstal institutions. Girls can also be sent under the above sections to a Borstal institution. One at Aylesbury was started in August 1909.

By section 5 the Prison Commissioners are empowered to permit offenders to be released on licence, if they are satisfied that there is a reasonable probability that he or she will abstain from crime and lead a useful and industrious life. No licence can be granted until after the expiration of six months in the case of a male, or three months in the case of a female.

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A licence-holder is liable to be remitted to the Borstal institution if a Court of Summary Jurisdiction is satisfied that the licence is forfeited by any breach of the conditions contained in the licence. On the expiration of the term of the sentence the offender remains for a further period of six months under the supervision of the Prison Commissioners (sect. 6); and if a person detained in a Borstal institution is reported to the Secretary of State as incorrigible, or as exercising a bad influence on the other inmates, the Secretary of State may commute the unexpired residue of the term of detention to imprisonment with or without hard labour, but in no case exceeding such unexpired residue (sect. 7).

CUSTODY AND MAINTENANCE OF CHILDREN

The Common Law, which has been modified by statute, gave a father the legal right to direct and to control the education and bringing-up of his children until they attained the age of twenty-one. By an Act of Parliament passed in 1660 a father was given the power of appointing a guardian, by a will or by a deed, to take charge of his children and to control their tuition. But by the Guardianship of Infants Act, 1886, it was provided that, on the death of the father, the mother, if surviving, should be guardian, either alone or jointly with any guardian appointed by the father. A mother is also empowered to appoint by deed guardians of an infant (if unmarried) after the death of herself and the father. If guardians are appointed by both parents they act jointly.

Powers of the Chancery Division.—This branch of the High Court, acting as *parens patriae*, has jurisdiction over infants (all persons under twenty-one), whether possessed of property or not. Before the Court interferes with the

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rights of a father, there must be some misconduct, or unmindfulness of parental duty, or inability to provide for the welfare of the child. If a parent is of blameless life, able and willing to provide for the child's material and moral necessities in the rank and position of the parent, the Court will not displace the natural right. But, as Lord Justice FitzGibbon said, it 'is not bound to sacrifice the child's welfare to the fetish of parental authority by forcing it from a happy and comfortable home to share the fortunes of a parent, however innocent, who cannot keep a roof over its head or provide it with the necessities of life.' If a child has no property under the Court's control, the latter has a limited jurisdiction only; in this case it can only deal with the appointment and removal of guardians, but not with any schemes for maintenance and education of the child. It is therefore customary, where it is desired that a child should be made a 'ward of Court,' to place a sum of money to its credit and commence an action in its name. Once a child becomes a 'ward of Court' its custody, guardianship, education (both religious and secular), marriage settlements, and general welfare are the concerns of the Court, who will jealously guard its ward. It is even necessary to obtain the sanction of the Court for the lawful marriage of a ward. Any person who marries a ward—male or female—without the Court's permission, or who is wilfully instrumental in bringing about any such marriage, is liable to be censured by the Court and committed to prison for contempt of Court. Under the provisions of the Guardianship of Infants Act, 1886, the Court, upon application of the mother of any infant, may make any order it thinks fit regarding the custody of such infant, and also as to the right of access thereto of either

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parent: but any order will have regard to the welfare of the infant, to the conduct of both parents, and to their wishes.

Powers of the Divorce Division.—When any suit or other proceeding for obtaining an order for either a judicial separation, or the restitution of conjugal rights, or a decree of nullity of marriage, or a decree dissolving the marriage is pending, the Court has power to make orders with respect to the custody, maintenance, and education of the children, under twenty-one, of the parties to the suit or proceedings. It can also direct that proper proceedings be taken in order to place the children under the protection of the Court of Chancery. After a final decree of judicial separation, nullity, or dissolution, the Court is empowered to make orders as to the custody, maintenance, and education of the children until they are twenty-one. There is no definite rule that the custody of any children will be given to the party who obtains a decree. The Court has the duty, first to consider what is for the benefit of the children, and secondly to consider the interest of the innocent party, and to see that he or she suffers as little as possible. It is worth while to note that, though the Divorce Court can order maintenance of a child up to twenty-one and give to either parent its custody, no Court can compel a child who has attained to the age of discretion (fourteen in case of boy, sixteen that of girl) to return to the custody of a parent when such child is unwilling to submit to such custody, except under very special circumstances. Upon the death of the parent to whom the Court may have given the custody of the child, the surviving parent is entitled to its custody; but by virtue of sect. 7 of the Guardianship of Infants Act, 1886, a Judge of the Divorce Court, when pronouncing a decree for

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judicial separation or of divorce, can declare that by reason of his or her misconduct the guilty parent is unfit to have the custody of the child.

Habeas Corpus.—Any person who has a legal right to the custody of a child may move any Judge of the High Court to issue a writ of *habeas corpus* ('that you have the body') directed to any one unlawfully detaining the child to bring it before him.¹

POWERS OF MAGISTRATES

Under the provisions of the Summary Jurisdiction (Married Women) Act, 1895, magistrates are empowered, on the application of a woman whose husband has been convicted summarily of an aggravated assault upon her, or of desertion, or by cruelty or neglect has caused her to leave, and live separately apart from, him, to order that the legal custody of any children (while under sixteen) of the marriage between the applicant and her husband be committed to her. Should the applicant return to cohabitation with her husband, or be guilty of adultery, any such order may be discharged on the application of the husband. Either party may appeal from a magistrate's order made under this Act to a Divisional Court of the Divorce Division.

PROTECTION OF ILLEGITIMATE CHILDREN

An illegitimate child is regarded by the law as *filius nullius* (no man's child), and in consequence neither the mother nor putative father has a legal right to its

¹ The cases of *In re Agar-Ellis* (24 Ch. D. 317), *Thomasset v. Thomasset* (1894, P. 295), *In re O'Hara* (1900, 2 I. Rep. 232), and *Mozley-Stark v. Mozley-Stark* (26 T. L. Rep. 194), should be referred to for a more detailed discussion of the principles relating to the custody and maintenance of children.

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guardianship; but the Court will support the mother's right to its custody as long as it is of the age of nurture—formerly fourteen, but probably now sixteen in consequence of the Children Act, 1908. Although an affiliation order has been made against a putative father, he is not thereby entitled to the custody of the child as against its mother, but on her death he may obtain it. As long as the mother of an illegitimate child remains a widow or unmarried, she is bound to maintain it until it is sixteen; but if successful proceedings are taken for an affiliation order in the police-court, the putative father is compelled to contribute towards the maintenance. If dissatisfied with the decision of the justices, a putative father may appeal to Quarter Sessions. Persons desirous of benefiting their illegitimate children by will should recollect that the words 'children' and 'issue' are deemed *primâ facie* to refer to lawful children, therefore it is advisable to mention by name any illegitimate offspring.

POOR LAW AUTHORITIES AND THE CARE OF CHILDREN

Where a child has been deserted by the parents, the Guardians of the Poor may vest in themselves all the powers and rights of a parent in respect of that child until it is eighteen, and anybody assisting the child to leave the care of the Guardians is liable to be fined. If children become chargeable, Guardians can obtain orders against fathers to contribute; in the case of an illegitimate child they may cause the alleged father to be summoned, and, on the justices being satisfied that he is the father, he may be ordered to pay a certain sum a week as long as the child is chargeable.

XII

MORAL HEALTH OF THE CHILD

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ment of her Children'*

*Childhood has its own ways of seeing,
feeling, thinking.*

ROUSSEAU.

*Let us not love in word, neither in
tongue, but in deed and in truth.*

ST. JOHN.

*All the world is but as one orphanage,
so long as its children know not God their
Father ; and all wisdom and knowledge
is only mere bewildered darkness so long
as you have not taught them fear of the
Lord.*

JOHN RUSKIN.

*To make us know our duty and to do it,
to make us upright in act and true in
thought and word, is the aim of all instruc-
tion which deserves the name, the epitome
of all purposes for which education exists.*

J. A. FROUDE.

*The baby new to earth and sky,
What time his tender palm is prest
Against the circle of the breast,
Has never thought that ' this is I.'*

*But as he grows he gathers much,
And learns the use of ' I ' and ' me,'
And finds ' I am not what I see,
And other than the things I touch.'*

TENNYSON.

XII

MORAL HEALTH OF THE CHILD

THE evolution of the moral nature of the child demands patient study, just as does the physical and intellectual unfolding. Its early stages are shrouded in obscurity, and only gradually evolve into full consciousness.

The one best fitted to guide us into an adequate appreciation of the majesty and mystery of the child's moral nature is neither the psychologist nor the philosopher, but the mother. To her is it given to perceive how quickly her infant learns to love good and to eschew evil. She knows that the tender nursling is guided by the tone of her voice and influenced by the expression of her face long before all knowledge comes of the meaning of words.

Moral education and ethical training should begin with life's beginning. From the time of birth the processes of washing, dressing, and feeding of the infant form a part of moral training. There should never be a period in a child's existence when cleanliness and punctuality are not essential parts of being. Orderliness and self-discipline can be early established. The regularity with which nourishment is given easily teaches him how useless it is to cry for food before the appointed time. Wise mothers have a regular time-table for the child's

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day—sleep, washing, feeding, exercises, and rest succeeding each other in due order. Thus it becomes easy to train the developing child so that faith and hope and charity shall be his possession from his earliest years, and abide even unto life's close.

In too many homes and nurseries, alas! this simple and easy moral training is not carried out or even attempted. Indeed it is impossible in all too many instances, because the mother herself has not had the necessary training, and does not possess the knowledge which could enable her rightly to understand and train her child.

There is a general consensus of opinion that the present lamentable defects in the maternal management of children are largely due to ignorance and carelessness, and that they seldom are due to want of good intention. It is in the hope of helping mothers, guardians, and all other lovers of little children that the present series of articles has been prepared.

TRAINING IN SELF-CONTROL

Undoubtedly the keynote in the evolution of the child's moral nature is *Self-Control*. Here is the fundamental lesson for all life. The infant that is fed whenever it cries, the little one whose bedtime is postponed in obedience to its own desire or to the convenience of its mother, loses the initial lessons in life's training. The older child who is allowed to eat what it likes instead of what its mother knows to be good for it, who has sweets and cakes and dainties apart from its ordinary meals, is the child that will certainly grow up self-indulgent and without the power of saying *No*.

If parents and nurses only understood that the whole

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foundation of a child's character is laid during the first seven years of its life, and, indeed, to a great extent during the first two, they would be much more careful than they now are in exacting obedience, prompt and unquestioning, and in evolving the self-control that will be so valuable an asset in future life. It is in great measure a matter of *habit*. The child who is not allowed to cry for trifles, who is not given wrong things simply because he desires them, will quickly learn to say *No* to himself.

THE NEED FOR TRUTHFULNESS

Something must be said about the child's capacity for speaking the truth. Although it is absolutely necessary for us all to maintain the very highest possible standard in speaking to the children, and equally essential to require from them transparent sincerity and truthfulness, yet we have to remember that many things appear veracious to children which seem not so to grown-ups. The little child's love of wonder and his vivid imagination will frequently lead to the magnification of some trifling incident into a wonderfully realistic and strikingly dramatic story; and the relation of this story must not be treated as an untruth, for it is really true to the little one. Many children live in a world of romance. It is, however, well, at least with some children, after having listened to the accounts of the wanderings into wonderland, to quietly point out the various unsubstantialities in the structure. Children seldom resent this process; they want to tell their wonderful tale, but deep down in their nature there is a love for truth that is well satisfied by the results of careful questioning.

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Make-believe and pretence are very precious to the child-mind, but the vagaries of the imagination must be clarified and controlled by an all-pervading love for truth.

Again, we must reckon with a child's natural inaccuracy, which frequently comes, not only from ignorance, but also from a want of trained power of observation, and something must be allowed for sheer carelessness. The really worst untruth of childhood is the lie politic, the untruth that is told either to shield a fault or to gain a favour. These require quick recognition, prompt condemnation, and correction. Still it is a mistake to stigmatize a child's invention as a lie. Too frequently the assertion by the mother that a statement is untrue, and that the child knows it to be untrue, especially when the remonstrance is backed up by a threat of immediate or future punishment, simply drives the child into stronger and stronger asseverations. It is generally better to let the false statement pass for the moment, and later on, perhaps at bedtime when the child is saying his prayers, to ask in a gentle, loving way whether after all he thinks that what he said was absolutely true, whether there may not have been some mistake. As a rule the child is glad enough of the golden bridge. When once the error is acknowledged it is easy to point out how offensive untruths are to the God of Truth. And also that, in the case of a child who is so careless in what he says, it is difficult for those around him to trust to his statements. The appeal to the manly or the national character is another very useful help, and as a rule the little one who would have stuck doggedly to his lie, if reproached with it, can be led to true sorrow, and real repentance, and to an intention at any rate of improvement in the future.

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THE HONEST LIFE

It is to be remembered that with regard to truth and also in respect to honesty many children go through an extraordinary psychical phase in which they are neither truthful nor honest. Probably this stage usually coincides with that time of rapid development and exuberant growth of body and mind which occurs somewhere from the thirteenth to the sixteenth year; but it has been noticed earlier in the case of precocious children, later in those who are backward, while there are some happy natures in which no moral weeds seem ever to grow.

THE SECRET OF UNSELFISHNESS

Unselfishness is frequently displayed even by an infant, who often wishes to share his food with his nurse, and will give away his most valued toy to any one around. Unfortunately this good instinct is too often checked by mothers and nurses, who, unconsciously let us hope, influence the little one amiss by their exclamation, 'Oh no, that is baby's!' Everything that a child offers should be taken, even if restored later on.

As infancy passes, all through the days of childhood children should be trained to acts of kindness and unselfishness, to render little services to their parents and elders, and to give way both readily and cheerfully to their equals and juniors. More especially ought mothers to guard against the mistake of letting little boys suppose that they are small 'Lords of creation,' and that, as a little girl quaintly said, 'The sisters are only born to be slaves to brother Ted.' In fact there must be in the nursery a happy system of give and take, and neither brother Ted nor sister Sue should have things all one

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way. By making things happy for each other, each really makes everything happier for himself.

In seeking to assist the evolution of the child's moral nature, great care must be taken neither to expect nor to demand virtues that would be unnatural or premature. For instance, thoughtfulness is not to be demanded of young children. The altruism that would refrain from banging a door because some one in the room had a headache, or that would prompt a child to shut a door because the open door caused a draught, must not be expected. The only way in which such good deeds can be secured is to make them depend upon obedience. If a rule is laid down and always gently insisted on that doors shall not be banged and shall be kept closed, the child will gradually learn the lesson.

THE CARE OF THE PERSON

A regard for personal appearance is not natural to the very young, and although vanity may lead to the expression of pleasure at pretty clothes, the sense of personal dignity is not in the least offended by the garments being both torn and dirty. It is a grievous mistake on the part of parents to correct a child as promptly and as severely for dirty hands and torn clothes as they do for disobedience, gluttony, and selfishness.

LIFE'S CONTROLS

Carefulness is a virtue which belongs to a later period of life, but many an unfortunate child's early days are spoiled by the over-exacting demands, both at home and at school, for the carefulness, forethought, and neatness that are really impossible to the child nature.

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Justice is a quality that develops both early and strongly in children, and a great amount of the unhappiness of childhood is caused by the inability of grown-up people to understand and to sympathize with it. Children are frequently blamed and punished for faults that they have not committed. Their statements, even when well founded, are not believed, and, worst of all, an injustice committed by an elder as between children leads to envy, hatred, malice, and all uncharitableness. The injury done by the want of justice on the part of those who have the care of children is incalculable. Bitter memories of these childish wrongs frequently last through life, and seriously influence the estimate formed by the children of the character of their elders.

There are few children who do not take punishment quietly, and even willingly, when they own it has been deserved; but with the moral short sight of childhood they cannot see the difficulties of their elders, they make no allowance for their involuntary errors, they only know that they have not had justice, and the character of the delinquent grown-up is irretrievably damaged. The young people are, indeed, of one mind with the schoolboy who pronounced a most glowing eulogium on the man who was afterwards Archbishop Temple, when he enthusiastically exclaimed, 'Temple is a beast; but he is a just beast.' That sums up the whole thing—harshness may be forgiven, but injustice never.

THE ABNORMAL CHILD

In contrast with these normal characteristics of childhood it is necessary to consider the characteristics of the

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abnormal child. The poor little creature who comes into the world handicapped by defective development of the brain, whether due to disease or to alcohol, shows an entirely different range of characteristics, and needs a totally different environment and treatment, from that of his healthy sisters and brothers.

In defective children the shortcomings, natural to the immature moral nature of ordinary children, are exaggerated. Even in a normal child the power of attention is deficient, and he is unable to fix his mind for any length of time on a definite thought or to follow a definite occupation. But in the case of the abnormal child the faculty of attention is not merely imperfect, it is practically non-existent. To develop the power of attention is one of the most difficult parts of the task of any one seeking to evolve order out of the chaos of the defective child's moral organism. The poor little creature is not so much im-moral as non-moral—indeed, the difference between the normal and the potentially moral child and the defective, absolutely non-moral child reminds one of the difference between the dog, who can be taught obedience, who can be made useful, and who can learn tricks, and the cat, who has absolutely no idea of obedience, honesty, or usefulness.

Partly from the want of power of attention comes the inability to be obedient. It is doubtful whether the defective child understands and realizes the nature of obedience or the troubles to which disobedience is bound to lead.

The faculty of truthfulness, as we have seen above, is very poorly developed even in the normal child, while in the abnormal it is usually to be described as the snakes in Ireland were described in a certain popular

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guide—the chapter on this interesting subject contained only six words, ‘There are no snakes in Ireland.’ Just so; one must not look for truth in defective children.

The defective child is, as a rule, markedly anti-social. He is subject to fits of frequently causeless and absolutely ungovernable temper. While the fit is on his destructiveness is often only limited by his strength. These unfortunate little people frequently show much of the low cunning which we associate with grown-up lunatics and with savage races. The question of the amelioration of these defects is the question of how far the organization of the child’s brain permits of careful development and is likely to respond to gentle and intelligent training.

THE CHILD’S WORLD

The world of the little child must be a very quaint one. It is, of course, evolved gradually out of misty nothingness, and happily in the great majority of cases the first consciousness of the child is that of maternal love; but consciousness at first is very incomplete, and, one would imagine, bewildering. The eyesight of the infant is very peculiar; it is scarcely binocular vision, and at any rate the power to focus is at first undeveloped; and it is in part owing to this, as well as to the inaccuracy of the muscular sense, that we see little ones attempt to grasp the moon or some equally inaccessible object.

In the same way the child’s moral vision is at first very incomplete and inaccurate, and needs special helps. One of the most important entities in the child’s moral world must be the truthfulness and sincerity of those who surround it, because if the child finds that its elders impart to him one set of ideas which they intend him to

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believe, while they themselves act on a totally different assumption, not only is the mental development of the child confused and impeded, but he must necessarily grow up without a standard of truth. When will grown-ups learn that lies told to children are not only sinful and injurious, but also most pitifully futile? What is the good of telling a child that medicine is not nasty, or to promise a pleasure as a reward for goodness without meaning to fulfil that promise? How quickly the little one learns not only that medicine is nasty and that the coveted pleasure is moonshine, but he at the same time learns that most undesirable lesson that he can in no way trust those on whom he is dependent and who really stand towards him in the relation of God!

To those who have little to do with children, it is a revelation to learn how instinctively and rapidly they know in whom they can trust. They know quite well which member of the family will keep faith with them, which one never deceives and never allows false excuses; it will also be a revelation to the uninitiated when they find that it is just those mothers or guardians who are inflexible in their truth and in their demand for obedience that the children not only trust but love most dearly.

Another moral difficulty closely allied to this want of truth arises from our own inconsistencies and shortcomings. The parent must be wise indeed, and careful far beyond the ordinary degree of care, who manages to be equable and logical in the demands made on the child's obedience; and yet there are few things more subversive of the child's morality than the fact, which he very quickly appreciates, that he may do the thing to-day for which he was reprimanded, and it may be punished, yesterday. Grown-up people excuse each other, and

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more or less readily appreciate, the difficulty of maintaining a level moral standard ; but it is impossible for the child to understand, and therefore he cannot condone our inequalities of temper and our inconsistencies of moral standard.

It is well to keep the child's moral world as simple as possible, to do our best to hold up to him an undimmed mirror of truth, an unvarying standard of obedience, and to require from him, so far as is possible, kindly and considerate behaviour, especially to animals and to younger children. One rock upon which even the more careful and conscientious parents and nurses are likely to split is that unconsciously they ask for too much. They forget the very tender age and the absolutely undeveloped condition of the child's moral nature, and they are apt to expect virtues at three or four years of age which cannot be present until eight or ten, and again at eight or ten they look for the gifts and graces of adolescence or even of adult years. One is irresistibly reminded of the damage done to a flower by the child himself when he pulls open its buds and so destroys it. It is a great pity and a great injustice to children to rob them of any part of their time for development, and probably more harm is done to the very receptive child than to his less intelligent and less developed brother.

THE CHILD'S RELIGION

Considering the extreme delicacy of the task, and the fatal clumsiness of even the most intelligent and tender love, one can readily sympathize with the mother or nurse who is ready to exclaim in despair, 'Who is sufficient for these things?' The only comfort is that

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in this responsible and delicate work we may feel that we are acting, if we will, under the guidance and the orders of the Great Father who made the beautiful and intricate machine committed to our charge. If we will, we may hear His voice saying, 'Take this child and nurse it for Me, and I will give thee thy wages.' The good old Book is full of helpful references to little children, from the wise King of Israel who said, 'Even a child is known by his doings whether his work be pure and whether it be right,' up to the greatest Teacher of morality, who said, 'Suffer the little ones to come unto Me and forbid them not, for of such is the kingdom of heaven.'

Those who know and study little children are well aware how closely heaven lies around them in their infancy; and although we do not know whether the purity and holiness of the little child is a vestige left from former glory or whether it be the presage of the future blessing, we do know practically that the Christian child knows many things he has never been directly taught, and we may believe that the Holy Spirit of God is frequently the direct instructor of the little ones. St. Augustine spoke of the mind as being naturally Christian, and certainly the beauty of character shown by many children reared in Christian homes would lead one to agree with the great Saint.

The little child is a natural believer. He accepts Bible stories without hesitation. He sees no difficulty in our Lord being both God and man. He is full of faith, and believes in immediate and literal answers to prayer; and yet when the answer is delayed, or when his prayers seem to be unheeded, he still goes on praying and trusting. Probably he is greatly helped in this respect

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by his knowledge that his mother's love is quite compatible with her refusal of his requests. God is at first simply the Father, good, wise, loving, and all-powerful. Presently to this conception is added that of the Great Judge, to whom every thought and every deed are open and manifest, and who will by no means clear the guilty. Gradually the idea of reciprocity develops, and the child endeavours to obey the Father, to placate the Judge, and to offer the sacrifice of himself, his will, and his possessions. Then comes the hero-worship, the childish devotion to the Man who went about doing good, who died that we might live, and who ever liveth to make intercession for us. The child says, as says the poet :

*The bird had his nest and the fox found his rest
In the shade of the cedar-tree ;
But Thy rest was the sod, O Thou Lamb of God,
In the desert of Galilee.
Then come to my heart, Lord Jesus ;
There is room in my heart for Thee.*

Unfortunately in many instances there comes a time when the early, almost instinctive Christianity is eclipsed, and for a time, at any rate, the boy appears to become an absolute heathen and rebel. It is a comfort to reflect that in the great majority of cases, when the ferment and effervescence of adolescence is over, the youth returns to his original model of faith and piety.

All will probably agree that Christian teaching must find a place in every school. The experience of several of the American States, and some British colonies, goes to show that education which is purely secular makes for moral disaster ; such countries, convinced of their error, are now earnestly seeking a place for repentance. It is absolutely necessary that the sources of the greatest

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wisdom of all shall not be excluded from a child's curriculum. The Bible and the truths of Christianity must be taught to all. The very fact that children possess marvellous powers for verbal memorizing shows how desirable it is that during the early years of life, at least selected portions of the Book of Psalms and the New Testament should be learned by children. But besides the formal teaching both of morals and of elementary theology in our schools, it is of the greatest moment that the moral atmosphere around children shall be redolent of the Christian spirit. In childhood not only is the verbal memory keen, accurate, and almost limitless in its storage power, but the imitative faculty is at its highest. Children unconsciously grow up in the moral and spiritual likeness of those with whom they associate. It is therefore a matter of supreme importance and of the gravest national concern that if we would have God-fearing and self-respecting citizens we must provide the coming citizens from their earliest years upwards with adequate instruction and with virtuous examples. The children brought up in the atmosphere of reverence, truth, purity, obedience, and love will have learnt before the age of reason is reached lessons which will go far to make the type of noble citizens that we most desire. There is no doubt that just as a nation's greatest asset is its children, so the evil example of their elders is the children's greatest danger. We come back, then, at length to the incontrovertible truth that no one can bring a clean thing out of an unclean; that as is the fountain, so is the river; and that therefore no sacrifice of money, time, trouble, or talent, is to be heeded in order to procure for our children the blessings of sound instruction and wholesome example.

APPENDICES

CONSISTING OF REFERENCES
TO ILLUSTRATE THE PRE-
CEDING CHAPTERS

APPENDICES

IN the following appendices an attempt has been made to furnish the serious student with such information and direction as shall lead to specialized study and practical service. The Editor will count it a favour if readers will inform him of all sins of omission and commission.

APPENDIX I

To illustrate Chapter I

THE reader is advised to refer to the select bibliographies given in *Infancy*, the first volume of this series of manuals. Many of the works there mentioned deal with the problems of childhood.

Libraries in connexion with the following Societies contain works specially devoted to the consideration of questions relating to Child Life : The Froebel Society of Great Britain and Ireland, 4 Bloomsbury Square, London, W.C. ; The Parents' National Educational Union, 36 Victoria Street, London, S.W. ; the Legge Library (restricted to workers in reformatory and industrial homes) of the Reformatory and Refuge Union, Victoria House, 72 Victoria Street, London, S.W.

APPENDICES

The Child Study Society of London, 90 Buckingham Palace Road, S.W., has its library at the School of Economics, Clare Market, London, W.C.

Lists of British hospitals dealing with children will be found in *The Medical Directory*, issued annually by J. & A. Churchill, 7 Great Marlborough Street, London, W. (14s. net); and in *Burdett's Hospitals and Charities*, published every year by the Scientific Press, Ltd., 28 & 29 Southampton Street, Strand, London, W.C. (7s. 6d. net). *The Annual Charities Register and Digest*, prepared every year for the Charity Organization Society, Denison House, Vauxhall Bridge Road, London, S.W., and published by Longmans, Green & Co., 39 Paternoster Row, London, E.C. (5s. net), contains much information relating to children, and is indispensable for social workers.

A useful list of Societies dealing with Child Life will be found in DR. MARGARET ALDEN'S *Child Life and Labour*. Second edition. London: Headley Bros., Bishopsgate Street Without, E.C. 1909. 1s. net.

A valuable bibliography of Child Study periodicals is given in the handbook of *The Children's Institute*, of Clark University, Worcester, Mass., U.S.A.

The British Institute of Social Service, 4 Tavistock Square, London, W.C., is always ready to assist serious social workers with information.

The publications of The National League for Physical Education and Improvement, 4 Tavistock Square, London, W.C., should also be consulted.

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APPENDIX II

To illustrate Chapter II

FOR full particulars regarding the anatomy and physiology of childhood reference may be recommended to the following :

- ASHBY, H., and WRIGHT, G. A. : *The Diseases of Children: Medical and Surgical*. Fifth edition. London : Longmans, Green & Co. 1905. 21s. net.
- FORSYTH, D. : *Children in Health and Disease*. London : John Murray. 1909. 10s. 6d. net.
- HALL, G. STANLEY : *Adolescence*. 2 vols. London : Sidney Appleton. 1905. 31s. 6d. net.
- HOLT, L. E. : *The Diseases of Infancy and Childhood*. Fourth edition. London : Sidney Appleton. 1907. 25s. net.
- KEATING, J. M. : *Cyclopædia of the Diseases of Children*. 4 vols. London : Lippincott. 1889-90. 22s. 6d. net each.
- ROTCH, T. M. : *Pediatrics*. Fifth edition. Philadelphia and London : J. B. Lippincott Co. 1906. 25s. net.
- THOMSON, J. : *Guide to the Clinical Examination and Treatment of Sick Children*. Second edition. Edinburgh and London. 1908. 12s. 6d. net.

APPENDIX III

To illustrate Chapter III

THOSE interested in the study of the child's mind will do well to consult the following works :

- BINET, A. : *Les idées modernes sur les enfants*. Paris Flammarion. 1909.

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- CHAMBERLAIN, A. F.: *The Child*. New York: Scribner & Co. 1900.
- DRUMMOND, W. B.: *The Child, His Nature and Nurture*. London: Dent (Temple Primer). 1901.
- DRUMMOND, W. B.: *An Introduction to Child Study*. London: Arnold. 1907. 6s. net.
- HALL, G. S.: *The Contents of Children's Minds on Entering School*. New York: Kellogg. 1883.
- HALL, G. S.: *Aspects of Child Life and Education*. London: Ginn. 1907.
- HALL, G. S.: *Youth*. London: Appleton. 1907. 6s. net.
- HARRISON, ELIZABETH: *A Study of Child Nature*. Thirty-second edition. Chicago: Kindergarten College. 1905.
- HOGAN, L. E.: *A Study of a Child*. London and New York: Harper Brothers. 1898.
- KING, IRVING: *Psychology of Child Development*. New edition. Chicago: University Press. 1908.
- KIRKPATRICK, E. A.: *Genetic Psychology*. New York: The Macmillan Co. 1909.
- MAJOR, D. R.: *First Steps in Mental Growth*. New York: The Macmillan Co. 1906.
- OPPENHEIM, N.: *Development of the Child*. New York: The Macmillan Co. 1898. 5s. net.
- PEABODY, ELIZABETH: *The Kindergarten*. Sonnenschein. 1887.
- PEREZ, B.: *The First Three Years of Childhood*. Translation by A. M. Christie. London: Sonnenschein. 1885. 4s. 6d.
- PREYER, W. T.: *The Mind of the Child*. Translation by H. W. Brown (International Education Series). New York: Appleton. 1893. London: Arnold.

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- SHINN, M. W. : *Notes on the Development of a Child*. Berkeley, U.S.A. 1893.
- SULLY, JAMES : *Studies of Childhood*. New edition. London : Longmans, Green & Co. 1903. 12s. 6d. net.
- TAYLOR, A. R. : *The Study of the Child*. New York : Appleton. 1898.
- THORNDIKE, E. L. : *Notes on Child Study*. New York : The Macmillan Co. 1901.
- TRACY, F. : *The Psychology of Childhood*. Boston : Heath. 1894.
- URWICK, W. E. : *The Child's Mind*. London : Arnold. 1907. 4s. 6d. net.
- WIGGIN, KATE DOUGLAS, and SMITH, NORA A. : *The Republic of Childhood*. (Kindergarten.) 3 vols.

Serious students will obtain reliable guidance to the best works in PROFESSOR JAMES SULLY'S *The Teacher's Handbook of Psychology*. (Bibliography.) London : Longmans, Green & Co. 1909. 6s. net.; and in *Elements of Psychology*, by S. H. Mellone & Margaret Drummond. London : Blackwood & Sons. 1907. 5s.

Many valuable papers on the Psychology of the Child will be found in the following :

- Child Life*. The official organ of the Froebel Society of Great Britain and Ireland, 4 Bloomsbury Square, London, W.C. Annual subscription, 4s. post free.
- Child Study*. The journal of the Child Study Society. London : Edward Arnold, 41 & 43 Maddox Street, Bond Street, W. Quarterly, 6d. net.
- School Hygiene*. London : School Hygiene Publication Co., Ltd., 2 Charlotte Street, W. Monthly, 6d.

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- The Journal of Abnormal Psychology.* Boston, U.S.A. : Richard G. Badger, the Gorham Press, 194 Boylston Street. Annual subscription, \$3.
- The Journal of Philosophy, Psychology, and Scientific Methods.* Lancaster, Pa., U.S.A. : The Science Press. Fortnightly. Annual subscription, \$3 ; single numbers, 15 cents.
- The Parents' Review.* The organ of the Parents' National Educational Union. London : 26 Victoria Street, S.W. Monthly, 6d.
- The Pedagogical Seminary.* Edited by G. Stanley Hall. The Clark University Quarterly for Child Study. Worcester, Mass., U.S.A. Annual subscription, \$5.

APPENDIX IV

To illustrate Chapter IV

- BLACKHAM, R. J. : *The Care of Children.* Second edition. London : Scientific Press, Ltd. 1906. 1s.
- GUTHRIE, LEONARD G. : *Functional Nervous Diseases of Childhood.* London : Henry Frowde and Hodder & Stoughton. 1907. 7s. 6d.
- JOHNSTON, J. : *Wastage of Child Life.* Manchester : John Heywood. 1909. 6d.
- SMILESS and BEEVOR, Sir H. : *Physical Education of the Young.* London : Scott Publishing Co. 1905. 2s. 6d.
- WARNER, F. : *The Nervous System of the Child: Its Growth and Health in Education.* London : The Macmillan Co. 1900. 4s. 6d. net.

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APPENDIX V

To illustrate Chapter V

DATA regarding the selection, preparation, and apportionment of food for children will be found in most treatises on dietetics and works dealing with the care of childhood in health and disease ; but the following may be recommended as of special service :

- ALDEN, MARGARET : 'Feeding of School Children' in *Child Life and Labour*. London : Headley Bros. 1908. 1s. (Helpful bibliography given.)
- CROWLEY, R. : *Report on a Course of Meals given to Necessitous Children, from April to July, 1907*. Bradford : Committee of Education.
- GORST, SIR J. E. : *Children of the Nation*. London : Methuen, 1906. 7s. 6d. net.
- HUTCHISON, R. : *Food and the Principles of Dietetics*. London : Arnold. 16s.
- MACKENZIE, LESLIE, AND MATTHEW, E. : *The Medical Inspection of School Children*. Edinburgh : William Hodge & Co. 1904. 12s. 6d.
- MACKENZIE, W. L., AND FOSTER, ALAN : *A Collection of Statistics as to the Public Condition of Children attending the Public Schools of the School Board for Glasgow, 1907*. 10½d.
- SMITH, EUSTACE : *The Wasting Diseases of Infants and Children*. Sixth edition. London : J. & A. Churchill. 1899. 6s.

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- STILL, G. F. : *Common Disorders and Diseases of Childhood*. London : Oxford Medical Publications. 1909. 15s. net.
- SUTHERLAND, G. A. : 'The Feeding of Infants and Children' in *A System of Diet and Dietetics*. Edited by Dr. G. A. Sutherland. London : Henry Frowde and Hodder & Stoughton. 1908. 30s.

APPENDIX VI

To illustrate Chapter VI

THE following works may be consulted with advantage :

- BARRETT, H. : *The Management of Children*. London : George Routledge. 1906. 5s. net.
- DOUGLAS, C. C. : *The Laws of Health*. London : Blackie & Son, Ltd. 1907. 3s. net.
- GRIMSHAW, J. : *Your Child's Health*. London : J. & A. Churchill. 1908. 2s. 6d. net.
- HOAG, E. B. : *Health Studies*. Boston, U.S.A. : D. C. Heath & Co. 1909.
- HUTCHINSON, WOODS : *Preventable Diseases*. London : Constable & Co., Ltd. 1909. 6s. net.
- JEWETT, F. G. : *Good Health*. London : Ginn & Co. 1908.
- LISTER, T. D. : *Chavasse's Advice to a Mother*. Sixteenth edition. London : J. & A. Churchill. 1906. 2s. 6d.

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APPENDIX VII

To illustrate Chapter VII

SOCIAL workers will do well to study some such works on tuberculosis as the following :

- BONNEY, S. G. : *Pulmonary Tuberculosis and its Complications*. Second edition. Philadelphia and London : W. B. Saunders Company. 1908. 30s. net.
- BURTON-FANNING, F. W. : *The Open-Air Treatment of Pulmonary Tuberculosis*. Second Edition. London : Cassell & Co., Ltd. 1909. 5s.
- KNOPE, S. A. : *Tuberculosis : A Preventable and Curable Disease*. New York : Moffat, Yard & Co. 1909. \$2.
- LATHAM, A., & GARLAND, C. H. : *The Conquest of Consumption*. London : T. Fisher Unwin. 1910. 4s. 6d. net.
- NEWSHOLME, A. : *The Prevention of Tuberculosis*. London : Methuen & Co. 1908. 10s. 6d. net.
- OTIS, E. O. : *The Great White Plague : Tuberculosis*. New York. 1909. \$1.
- POTTENGER, F. M. : *The Diagnosis and Treatment of Pulmonary Tuberculosis*. London : Baillière, Tindall & Cox. 1908.
- WALTERS, F. R. : *The Open-Air or Sanatorium Treatment of Pulmonary Tuberculosis*. London : Baillière, Tindall & Cox. 1909. 5s. net.

References to recent literature will be found in *The British Journal of Tuberculosis*. London : Baillière,

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Tindall & Cox. Published Quarterly. Annual subscription, 5s. See also *Ireland's Crusade Against Tuberculosis*, Vols. I. & II. Edited by The Countess of Aberdeen. Dublin: Maunsell & Co., Ltd. 1908. 1s. each. All phases of the Tuberculosis Problem, as it relates to child life, are dealt with in *Tuberculosis in Infancy and Childhood*. Edited by Dr. T. N. Kelynack. London: Baillière, Tindall & Cox. 1908. 12s. 6d. net. For particulars relating to open-air schools for tuberculous and tuberculously disposed children, see *Annual Report for 1908 of the Chief Medical Officer of the Board of Education*. Section VII., p. 120. London: Wyman & Sons. 1910. 8½d.; also article by Prof. R. P. Williams in *Medical Examination of Schools and Scholars*. Edited by Dr. T. N. Kelynack. London: P. S. King & Son. 1910.

Special sanatoria for tuberculous children are now springing up in different parts of the country. The following are among the most important :

Sanatorium at Harpenden, Herts, of the National Children's Home and Orphanage. London Office: N.C.H.O., Bonner Road, N.E.

Sanatorium at Dr. Barnardo's Girls' Village Homes, Barkingside. London Office: 18-26 Stepney Causeway, E.

Children's Sanatorium at Stannington of the Poor Children's Holiday Association of Newcastle-on-Tyne.

The Children's Sanatorium at Holt, Norfolk. London Office: Denison House, Vauxhall Bridge Road, S.W.

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Lord Mayor Treloar's Cripples Home and College
at Alton, Hampshire. London Office: 122
Mansion House Chambers, E.C.

Sanatorium for Children in connexion with The
Quarrier Orphan Homes of Scotland. Bridge-of-
Weir, Renfrewshire.

The Woodlands Sanatorium, Northfield, near
Birmingham, in connexion with the Birmingham
and District Crippled Children's Union. Offices:
Cornwall Buildings, 45 Newhall St., Birmingham.

Seaside homes for tuberculous children have been
established by the Metropolitan Asylums Board at:

St. Anne's Home, Herne Bay; East Cliff House,
Margate; and Millfield, Rushington.

Many of the sanatoria for adult consumptives set aside
a small number of beds for children.

For particulars of British institutions for tuberculous
children see *The Annual Charities Register and Digest*
of the Charity Organization Society. London: Denison
House, Vauxhall Bridge Road, S.W. 1910. 5s. net.

Much valuable information is available in Dr. H.
Timbrell Bulstrode's Special Report to the Local
Government Board on 'Sanatoria for Consumption, and
Certain Other Aspects of the Tuberculosis Question.'
London: Wyman & Sons, Ltd. 1908. 5s.

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APPENDIX VIII

To illustrate Chapter VIII

THE following will be found of service in affording the student data in proof of the main conclusions presented in the chapter :

- BALLANTYNE, J. W. : *Ante-natal Causes of Infantile Mortality, including Parental Alcoholism* : Report of the Proceedings of the National Conference on Infantile Mortality. London : P. S. King & Son. 1906. 2s. 6d. net.
- BARLOW, Sir T. : *The Prevailing Intemperance among Women : Its Cause and its Remedy*. London : C.E.T.S. 1d.
- BURNS, J. : *Labour and Drink*. Lees and Raper Memorial Lecture. 1904.
- DUKES, C. : *On the Impropriety of the use of Alcohol in Schools*. London : C.E.T.S. 1906. 1d.
- KELYNACK, T. N. : *The Alcohol Problem in its Biological Aspect*. London : R. J. James. 1906. 1s. 6d.
- KELYNACK, VIOLET : *Alcohol and Motherhood*. London : R. J. James. 1908. 1d.
- PRICE, G. B. : *The Scientific Aspect of the Temperance Problem*. London : R. J. James. 1d.

Extensive bibliographical references will be found in *The Drink Problem in its Medico-Sociological Aspects*. Edited by Dr. T. N. Kelynack. London : Methuen & Co. 1907. 7s. 6d. net. See also *The British Journal of Inebriety*, Vol. I.-VII. Quarterly. London : Baillière, Tindall & Cox. 1903-1910. Annual subscription, 5s.

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APPENDIX IX

To illustrate Chapter IX

DURING recent years a large literature has accumulated dealing with all forms of defectiveness. The following official reports should be consulted :

- The Epileptic and Crippled Child and Adult.* (Charity Organization Series of Reports.) London : Swan Sonnenschein & Co. 1893. 2s. 6d.
- Departmental Committee on Defective and Epileptic Children.* Vol. I.: Report [Cd. 8746]. 5d. Vol. II.: Evidence and Appendices [Cd. 8747]. 2s. 3d. London : Wyman & Sons. 1898.
- London County Council Report dealing with Schools for Blind, Deaf, Mentally Defective, and Physically Defective Children for 1905-6.* London : P. S. King & Son. 1907. 1s. 6d.
- Report of the Royal Commission on the Care and Control of the Feeble-Minded.* Vols. I.-VIII. London : Wyman & Sons, Ltd. 1908.
- Transactions of the Second International Congress on School Hygiene.* Vol. I., II., and III. London : Royal Sanitary Institute. 1908. Bound, 15s. net.
- Board of Education : Regulations applicable to Schools for Blind, Deaf, Defective, and Epileptic Children* [Cd. 4780]. London : Wyman & Sons, Ltd. 2½d.
- Board of Education : List of Certified Schools for Blind, Deaf, Defective, and Epileptic Children in England and Wales on 31st July, 1909* [Cd. 4891]. London : Wyman & Sons, Ltd. 2d.

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- The Problem of the Feeble-Minded : An Abstract of the Report of the Royal Commission on the Care and Control of the Feeble-Minded.* London : P. S. King & Son. 1909. 1s. net.
- Annual Report for 1908 of the Chief Medical Officer of the Board of Education.* London : Wyman & Sons, Ltd. 1910. 8½d.

See also the following works :

- FOLKS, H. : *The Care of Destitute, Neglected, and Delinquent Children.* New York : Macmillan Co. 1902. \$1.00.
- HARMAN, N. BISHOP- : *Preventable Blindness.* London : Baillière, Tindall & Cox. 1907. 2s. 6d. net.
- SHUTTLEWORTH, G. E. : *Mentally Deficient Children.* 2nd Edition. London : H. K. Lewis. 1900. 5s. net.
- TREDGOLD, A. F. : *Mental Deficiency.* London : Baillière, Tindall & Cox. 1908. 10s. 6d. net.

APPENDIX X

To illustrate Chapter X

IN all cases of suspected cruelty, immediate reference should be made to the National Society for the Prevention of Cruelty to Children (N.S.P.C.C.), 40 Leicester Square, London, W.C. (Telegraphic Address : 'Childhood, London.' Telephone Number : 1382 Gerrard.) Social workers will do well to provide themselves with the literature issued by the society, including the monthly *Child's Guardian*. A valuable leaflet, suitable for distribution, gives list of acts *forbidden* 'under the pro-

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visions of the Acts for the Prevention of Cruelty to Children.'

The following official reports, books, and articles should be consulted by all social workers striving for the proper regulation of child labour and the arrest of all forms of cruelty :

Departmental Committee on the Conditions of School Attendance and Child Labour Report. (H.C. 311 of 1893-4.) London : Wyman & Sons. 3*d.*

Report on Children working for Wages. London County Council. London : King & Son. 1898. 4*d.*

Return for England and Wales, giving (1) number of children attending elementary schools, who are known to be working for wages or employed for profit, with their ages, standards, occupations, hours of work and rates of pay ; (2) different classes of employment into which the boys and girls went on leaving school. (H.C. 205 of 1899.) London : Wyman & Sons. 3*d.*

Report as to the Limitation and Regulation of the Employment of School Children out of School Hours. London County Council. London : King & Son. 1900. 4*d.*

Inter-Departmental Committee on the Employment of Children during School Age in the large centres of population in Ireland. [Cd. 1144.] London : Wyman & Sons. 1*s.* 8*d.*

Inter-Departmental Committee on the Employment of School Children. Report, 1901. [Cd. 849.] 3*d.*

Evidence, with Appendices and Index. 1902. [Cd. 895.] 4*s.* 2*d.* London : Wyman & Sons.

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- Bye-Laws made by the London County Council under the Employment of Children Act, 1903.* [Cd. 2809.] London : P. S. King & Sons. 1906. 3d.
- Return of Local Authorities which have made Bye-Laws under the Employment of Children Act, 1903.* (H.C. 249 of 1907.) London : Wyman & Sons. 1d.
- Report of the Commission on Industrial and Technical Education.* Boston, U.S.A. : Wright & Potter. 1906.
- Child Labour Legislation* : Schedules of Existing Statutes and the Standard Child Labour Law embodying the best provisions of the most effective measures now in force. Compiled by Josephine Goldmark. Philadelphia : The American Academy of Political and Social Science. 1908.
- BOOTH, BRAMWELL : *The Abandoned Child : A Plea for the Amendment of the Industrial Schools Acts.* London : International Head Quarters of the Salvation Army. 1908.
- EDWARDS, A. D. : *Children of the Poor.* London : Hammond, Hammond & Co. 1909. 1s. net.
- FOLKS, HOMER : *The Care of Destitute, Neglected, and Delinquent Children.* New York : The Macmillan Co. 1902. \$1.
- GORST, SIR J. E. : *The Children of the Nation.* London : Methuen & Co. 1906. 7s. 6d. net.
- HIRD, F. : *Cry of the Children.* London : Bowden. 1898. 1s. 6d.
- MALVERY, O. C. : *Baby Toilers.* London : Hutchinson. 1907. 2s. 6d.
- McMILLAN, M. : *Labour and Childhood.* London : Sonnenschein. 1907. 3s. 6d.

APPENDICES

- PARR, R. J.: *The Baby Farmer*. London: N.S.P.C.C. 1908. 6d. net.
- PARR, R. J.: *Children Act—Abstract of the New Provisions under the Act*. Third edition. London: N.S.P.C.C. 1909. 1d.
- PARR, R. J.: *The Care and Control of the Feeble-Minded*. London: N.S.P.C.C. 1909. 3d.
- PARR, R. J.: *Beyond the Law—Some Facts on Illegitimacy in Ireland*. London: N.S.P.C.C. 1909. 1d.
- PARR, R. J.: *Wilful Waste*. London: N.S.P.C.C. 1910. 6d. net.
- PARR, R. J.: *Prevention of Cruelty to Children Act, 1904*. With an Explanatory Note. London: N.S.P.C.C. 1909. 1d.
- PARR, R. J.: *The Ways of Child Torturers*. Illustrated. London: N.S.P.C.C.
- RIIS, J. A.: *Children of the Poor*. New York: Charles Scribner's Sons. 1892.
- SHERARD, R. H.: *Child Slaves of Britain*. London: Hurst & Blackett. 1905. 7s. 6d. net.
- SIMS, G. R.: *Black Stain*. London: Jarrold & Sons. 1907. 1s. net.
- SPARGO, J.: *The Bitter Cry of the Children*. New York: The Macmillan Co. 1906.
- TALLACK, W.: *Penological and Preventive Principles*. Second edition. London: Wertheimer, Lea & Co. 1896. 8s.

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APPENDIX XI

To illustrate Chapter XI

REFERENCES to the legal protection of children will be found in many of the larger works dealing with child life generally and mentioned elsewhere in this volume. The question of the legal protection of infants has been dealt with by the late Dr. Stanley B. Atkinson in his article on 'Law and Infant Life' in the *Infancy* volume of this series.

Much valuable information regarding the legal aspects of the protection of child life will be found in such official documents as have been published in connexion with the following Parliamentary inquiries :

- On the Children Life Insurance Bill. 1890-1.
- On Death Certification. 1893.
- On the Infant Life Protection Bill. 1890.
- On the Infant Life Protection Bill and Safety of Nurse Children Bill. 1896.
- On Physical Deterioration. 1904.
- On Poor Law Children. 1896.
- On the Poor Laws and the Relief of Distress. 1909.
- On the Working of the Midwives Act. 1909.
- The Employment of School Children. 1901.
- Partial Exemption from School Attendance.

Numerous papers of practical service will also be found in reports of various conferences, such as :

Proceedings of the Third International Congress for the Welfare and Protection of Children. London : P. S. King & Son. 1902. 2s. 6d. net.

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Legislation in regard to Children. London : P. S. King & Son. 1906. 1s.

National Conferences on Infantile Mortality. 1906 and 1908. P. S. King & Son. 1s. 6d. net.

'Ten Years of the Juvenile Court,' special number of *The Survey*, February 5, 1910. New York: Charity Organization Society, 105 East Twenty-second Street. 25 cents.

The interests of children are provided for in the following recent Acts, which should be studied :

Children's Dangerous Performances Act. 1879 and 1897.

Criminal Law Amendment Act. 1885.

Guardianship of Infants Act. 1886.

Custody of Children Act. 1891.

Youthful Offenders Act. 1901.

Licensing Act. 1902.

The Employment of Children Act. 1903.

Prevention of Cruelty to Children Act. 1904.

Probation of Offenders Act. 1907.

Education (Administrative Provisions) Act. 1907.

Children Act. 1908.

Prevention of Crimes Act. 1908.

The Children Act of 1908 has given rise to an extensive literature, mainly annotations of or works explaining the application of the Act. Among them the following may be recommended :

ATHERLEY-JONES, L. A., and BELLOT, H. H. L. : *The Law of Children and Young Persons (in relation to penal offences), including the Children Act, 1908.* London : Butterworth & Co. 1909.

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GENTLE, W. B., and RAWLINGS: *The Police Officer's Guide to the Children Act*, 1908. London: Effingham Wilson. 1909. 1s. 6d. net.

APPENDIX XII

To illustrate Chapter XII

WORKS dealing with the Moral Aspects of Childhood are almost numberless; the following form a select list which will safely guide to further fields:

ANDERSON, L. F.: *History of Common School Education*. New York: Henry Holt & Company. 1909.

ARNOLD-FORSTER, H. O.: *The Citizen Reader*. New edition. London: Cassell & Co., Ltd. 1907. 1s. 6d.

BAIN, A.: *Education as a Science*. Tenth edition. London: Kegan Paul, Trench, Trübner & Co., Ltd. 1902. 5s.

BOSANQUET, HELEN: *The Family*. London: Macmillan & Co., Ltd. 1906.

CRAIK, H.: *The State in its Relation to Education*. New edition. London: Macmillan & Co., Ltd. 1896. 2s. 6d.

DULLON, S. T., and SNEDDEN, D.: *The Administration of Public Education in the United States*. New York: The Macmillan Co. 1909. (Bibliographies.)

FITCH, SIR J.: *Educational Aims and Methods*. Cambridge: University Press. 1900. 5s.

GILMAN, C. P.: *Concerning Children*. London: G. P. Putnam's Sons. 1901.

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- GRAVES, F. P. : *A History of Education before the Middle Ages*. New York : The Macmillan Co. 1909. 5s. (References.)
- GUNN, J. : *Our Sunday Schools*. London : Thomas Nelson & Sons. N.D. 2s. 6d.
- JOHNSON, U : *Moral Instruction in England and Wales*. London : David Nutt. 1s.
- LEIGHTON, R. L. : *The Boy and His School*. London : John Murray. 1905.
- MACCUNN, J. : *The Making of Character*. Cambridge University Press. 1905.
- MARENHOLTZ-BÜLOW : *The Child and Child Nature*. Tenth edition. English translation. London : Swan, Sonnenschein & Co., Ltd. 1904.
- MASON CHARLOTTE, M : Vol. I., *Home Education* ; Vol. II., *Parents and Children* ; Vol. III., *School Education* ; Vol. IV., *Essays on Practical Education* ; Vol. V., *Ourselves, Our Souls and Bodies*. London : Kegan Paul, Trench, Trübner & Co., Ltd. 3s. 6d. net each vol.
- MATTHEWS, B. (editor) : *The Fascinated Child*. London : Jarrold & Sons. 1909.
- PESTALOZZI, J. H. : *How Gertrude teaches Her Children*. English translation. Third edition. London : Swan, Sonnenschein & Co., Ltd. 1904.
- PESTALOZZI, J. H. : *Leonard and Gertrude*. Translated and abridged by Eva Channing. London : D. C. Heath & Company. N.D.
- SADLER, M. E. (editor) : *Moral Instruction and Training in Schools*. London : Longmans & Co. 5s. each vol.
- SPENCER, HERBERT : *Education—Intellectual, Moral, and Physical*. Cheap edition. London : Williams & Norgate. 1906.

APPENDICES

SPILLER, G. : *Report on Moral Instruction*. London : Watts & Co. 3s. 6d. net. (Extensive bibliography.)

SPILLER, G. (editor) : *Papers on Moral Education, Communicated to the First International Moral Education Congress*. London : David Nutt. 5s.

Many articles of value to parents, teachers, and other moralists will be found in the following :

The 'Duty and Discipline' Series of Booklets. Secretary : Miss Isabel Marris, 22 Chepstow Place, Bayswater, London, W. 1d. each.

Record of the Proceedings of the First International Moral Education Congress. London : 1908.

Report of the Proceedings of the Third International Congress for the Welfare and Protection of Children. London : P. S. King & Son. 1902. 2s. 6d. net.

The Parents' Review. Edited by Charlotte M. Mason. London : Parents' National Educational Union, 26 Victoria Street, S.W. 6d. monthly.

Certain of the publications of the following Societies &c., will be found of assistance :

Children's Protection League. Hon. Secretary, 8 More's Gardens, Chelsea, S.W.

Moral Instruction League : 6 York Buildings, Strand, London, W.C.

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